



Steps to Excellence Program (STEP) Evaluation Report

*Results from STEP—Los Angeles County's
First Child Care Quality Rating and
Improvement System for Programs Serving
Children Ages 0-5*

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Executive Summary

Program Description

The Steps to Excellence Program (STEP) has the distinction of being the first child care quality rating and improvement system (QRIS) in Los Angeles County for programs serving children ages birth to five. Designed by the Policy Roundtable for Child Care and administered by the Los Angeles County Office of Child Care (OCC) since 2007, the STEP QRIS serves both licensed family child care homes and licensed child care centers from the private and public sectors.

The STEP QRIS' main goal is to provide parents with clear, concise information on the quality of individual child care settings. STEP objectives are to (1) increase early educators knowledge of quality standards and developmentally appropriate practices, (2) increase early educator implementation of quality improvements, and (3) increase parents' knowledge of STEP quality ratings and standards.

STEP includes an explicit focus on improving early educator practice through training and/or coaching, provides incentives and supports for programs to meet and maintain higher program standards, and provides benchmarks to determine if the quality of care in individual programs or communities is improving over time.

Evaluation

The focus of the FY 2012–2013 Evaluation is to assess progress toward the following outcomes for the Steps to Excellence Program (STEP). First, that child care providers increase their knowledge of quality standards and developmentally appropriate practices; second, is that child care providers implement quality improvements; and, third that child care providers develop a culture of continuous quality improvement.

The report addresses the following key evaluation questions:

- How do STEP trainings, technical assistance offerings, and grant resources impact provider knowledge and practice?
- Do providers perceive their STEP ratings as an accurate, valuable assessment of program strengths and areas for improvement?
- Have the training, coaching, grant, and other resources been valuable and translated into positive changes in their program?
- What motivates providers to participate in STEP and recommend STEP to others?
- What has been the overall experience with the STEP program?

The data collection methods for the FY 2012–2013 STEP Evaluation included an analysis of administrative data, a self-administered survey of child care providers

participating (in English and Spanish), and one-on-one interviews with a random sample of STEP participants conducted in English. Interviews were conducted with 9 participants representing various phases of STEP's implementation model and communities throughout Los Angeles County.

Key Findings

The survey received responses from 72 STEP participants (45 in English and 27 in Spanish), for a 34% response rate. Survey participants were broadly representative of current participants: 21% joined STEP in the pilot phase, prior to 2011; 34% joined in 2012; and 44% in 2013. Consistent with this, over two-thirds (67%) of survey respondents reported having a preliminary STEP rating, and 32% had at least an initial STEP rating and represented the full range of STEP levels.

Most child care providers reported positive experiences: 68% of respondents to the survey reported that their overall experience with STEP was “very positive” and 30% was “mostly positive” and similar regardless of year of joining STEP or rating. In addition, large percentages of respondents reported being prepared for the observation of their program.

Findings from interviews and the survey support this observation as providers gave multiple and varied examples of the benefits of STEP participation. Providers interviewed cited multiple and varied examples of the program improvements they had made, especially in the areas of the learning environment, use of developmental screening tools, and community and family relationships. These findings were consistent with high-levels of self-reported progress in STEP domains. A majority of those surveyed reported that STEP helped them prioritize improvement goals and understand quality standards; this finding was supported in the interviews as providers expressed the value of the assessments and coaching support in helping them to figure out areas of their program needing attention.

Professional growth was another positive benefit cited by STEP participants. For program directors and staff, STEP provided a means for invigorating programs; managers reported that STEP helped them set a higher bar for quality practices and measure performance against those standards. Providers reported going back to school for credit and attending trainings as well as leading workshops in the community.

Perhaps one of the strongest findings was that STEP participation builds community: providers reported interacting with other providers, and the learning, support, and community benefit from doing so. Eighty-eight percent (88%) met with other providers, 83% learned from other providers; 62% observed other programs; 44 providers completed an open-ended response asking how STEP had impacted their interactions with other child care providers, citing “learning

exchanges”, sharing ideas, giving and receiving support, learning about resources for education and training, and building community to the extent that they viewed their network like a “family.”

Many providers expressed a high value for networking and interactive learning. Large proportions report networking and building relationships, and learning from other child care providers. The interaction seemed to be a strong benefit of the program and source of personal growth and support.

Overall satisfaction with Gateways and STEP program resources were high, and most rated the value of these resources as high for making program improvements. The Gateway’s resources appear well received, with 34% of respondents reporting that resources accessed through Gateways has had a “big impact” on their program and 30% reporting “some impact”; 24% had not yet accessed Gateways resources. The assistance from STEP program staff was also viewed as helpful and a highly valuable resource. One hundred percent (100%) of respondents would recommend the program to other providers.

Few providers from the interviews have used their STEP participation to market their programs, although many plan to do so. Similarly, just 28% of survey respondents reported using STEP participation to market their programs, though nearly one-half (48%) reported planning to do so; 12% were not planning to use STEP in marketing their programs. Approximately 90% of programs had 25 or fewer children enrolled, with the remaining 10% representing larger programs. Some providers reported that STEP participation helped them increase (20%) or maintain (25%) their enrollment, with the enrollment of the remaining 55% not impacted.

Many of those interviewed want materials to share with parents, internet-based tools and links to include on their web sites, and other information. Several suggest using the internet, social marketing and networking tools to accelerate communications among providers but also with the public. They want people to know what STEP participation means.

Providers interviewed found creative ways to communicate with parents and the broader community and offered several good suggestions in addition to using the internet and tools such as Facebook pages. Many interviewed said they are out in the community more, talking with clinics and other community organizations to “let them know we’re here” and finding ways to collaborate.

The overall level of satisfaction with the rating process seemed to be high. For 59% of survey respondents, the first rating (preliminary or full) accurately reflected their program’s strengths and areas for improvement; 27% thought their first

rating “mostly” reflected the same; 15% did not feel their first rating accurately reflected their program.

Surveys and interviews also surfaced a few somewhat negative experiences with the rating process; for example, the quality rater disregarding something the provider posted electronically but was not included in their portfolio. Another thought their rater was dismissive of the provider’s educational pursuits, since they were not formal or for credit. Although a small proportion of respondents considered their rating to be inaccurate, however, these observations merit attention.

Intentions to have their program rated in the future was strong, with 89% of providers intending to have a future rating and 11% responding “don’t know,” and did not vary among programs with a full initial or preliminary rating only. This finding varied little by year of joining STEP, ranging from 84% among those joining prior to 2011 to 92% among those joining in 2013.

Respondents assessed their increases in knowledge regarding several key topics in the STEP model including two-thirds or more reporting “big increases in knowledge” in the following areas: Quality learning environments (72%); High-quality developmental screening tools (72%); Building positive relationships with children (68%); Professional development for yourself / employees (66%); and Going back to school to get teaching permit or credentials (62%).

Participants overwhelmingly expressed confidence that participation in STEP will help their programs improve the quality of services provided to children and families: 84% indicated that they were “very confident,” 11% were “mostly confident,” and 5% were “somewhat confident” or “not confident” or answered “don’t know.”

Conclusion and Recommendations

The evaluation revealed multiple strengths, including positive provider experiences participating in STEP, beneficial training and coaching support from Gateways, valuable support from program staff, and positive progress toward quality improvements for a majority of child care providers.

The evaluation also revealed areas in need of attention, including the development of marketing strategies and materials to promote STEP and quality-rated providers. The findings also suggest an opportunity to explore a constellation of concerns that surfaced among a few that were associated with low ratings, including negative feelings about the fairness, completeness, or expectations around the rating process, as such concerns may impact retention. The following recommendations emerged:

- Explore low-cost marketing strategies, including social media and an improved presence on the Internet. For example, establish a Facebook page, update the web site, and identify quality-rated providers. These strategies are relatively low cost and may have valuable potential benefits. In addition, social media could provide another means of facilitating community building and interaction among child care providers.
- Consider producing a poster, logo, and other materials that can be displayed at program sites and web pages. Providers expressed strong support for quality rating, associating it with what's best for children and associated it with being accredited. Most want to use that distinction and the accomplishment of program completion to support their businesses.
- Providers are very interested in having access to materials that provide parent-friendly explanations of the STEP ratings and their relationship to quality in child care. While providers seem confident that they are able to explain what quality means (to parents or throughout the community), the interviews noted the potential value of producing such information to broaden awareness of quality rating and why it is important.
- Explore a strategy for branding "quality rated" programs, something along the lines of "Zagat rated" so as to not make the actual score as prominent, yet retain the integrity of the step-by-step progression. While most participants welcome the public information, there are some who will not want their actual rating highlighted but rather their participation. This may have the added benefit of improved program retention.
- Collect timely feedback about rating experience and receipt of results. Such feedback would likely be more accurate information and would provide a basis for responding to concerns.

Introduction

Purpose of the Evaluation

This evaluation assesses the progress of the Steps to Excellence Program (STEP) toward two major short-term outcomes and a third long-term outcome:

(1) Participating child care providers increase their understanding of quality child care practices, (2) providers implement high-quality practices in their programs, and (3) child care providers develop a culture of continuous quality improvement.

Through STEP participation, child care providers are offered training, coaching, financial resources, information, and guidance toward achieving these outcomes. The evaluation is designed to obtain data about participants' experiences with the STEP program and the value and impact of the resources provided. The evaluation also assesses how their participation in STEP has impacted their efforts to improve the quality of child care services they provide, the benefits of STEP participation, and the extent to which STEP values are endorsed by providers.

Brief Description of the Program

STEP has the distinction of being the first child care quality rating and improvement system (QRIS) in Los Angeles County for programs serving children ages birth to five. Designed by the Policy Roundtable for Child Care and administered since 2007 by the Los Angeles County Office of Child Care (OCC), the STEP

STEP's primary goal is to provide parents of young children with concise and accurate information on the quality of individual child development programs.

QRIS serves both licensed family child care homes and licensed child care centers from the private and public sectors. STEP's primary goal is to provide parents of young children with concise and accurate information on the quality of individual child development programs. STEP's quality standards are therefore used to determine a quality level for each participating child care program. STEP's core activities include providing rating services, quality improvement trainings, technical assistance and fiscal incentives to support child care programs' quality improvement efforts. The stakeholders for this evaluation are varied. Results will be available to policy makers, leaders in early care and education, current and past program funders (such as the California Department of Education/Child Development Division, First 5 LA, Los Angeles Universal Preschool), and potential funders. Results will also be shared with STEP administrators and implementation partner agencies, such as UCLA Center for Improving Child Care Quality (CICCQ) and the Child Care Alliance of Los Angeles.

Program Description

Program History, Background, and Development

In 2003, the Los Angeles County Child Care Planning Committee released a new publication entitled “Forging the Future: County of Los Angeles Strategic Plan for Child Care and Development.” The plan acknowledged the vast number of licensed child care settings in Los Angeles County and the lack of quality information available to parents and other child care consumers about these settings:

- Over 3,000 child development centers and nearly 11,000 family child care homes with an estimated capacity to care for 226,000 children ages birth to five exist in Los Angeles County.
- Yet only 7 percent of centers and less than 2 percent of family child care participate in accreditation programs.

These data, and California’s switch from annual monitoring of child care facilities to once every five years due to the state budget crisis in 2003, ultimately generated the strategic plan’s call to create a pilot quality rating system (QRIS) for Los Angeles County.

The Policy Roundtable for Child Care (Roundtable) adopted the strategic plan in 2004 and, in partnership with OCC, set out to design a voluntary QRIS that would engage child care programs, support their quality improvements, and thereby ultimately improve children’s outcomes. The Roundtable and the OCC subsequently engaged child development experts, policymakers, and community stakeholders in a two-year county-wide planning process and defined STEP’s quality rating standards and criteria.

Another critical step in STEP’s evolution was to field test the new rating system’s quality criteria. In 2005, OCC contracted the UCLA Center for Improving Child Care Quality (CICCCQ), a local premier research organization led by Dr. Carollee Howes with expertise in conducting child care evaluation studies, to design and implement a reliability and feasibility study. Results were used to refine STEP’s evidence-based quality standards, measures, and assessment protocol and to validate the new system’s ability to effectively distinguish varying quality levels.

In 2003, over 3,000 child development centers and 11,000 family child care homes cared for 226,000 children under 6 years old. Yet, only 7 percent of centers and less than 2 percent of family child care homes participated in accreditation programs.

By October 2006, eleven communities across Los Angeles County were selected as pilot sites for STEP, based on three factors: (1) socioeconomic diversity; (2) geographic distribution; and (3) varying levels of child care service delivery,

networking and communication infrastructures (to field test different outreach approaches).

STEP's implementation plan was formally presented and adopted by the Los Angeles County Board of Supervisors in December 2006, and the Roundtable and the OCC formally launched STEP by July 2007. The first year of the project was dedicated to hiring personnel, developing application and marketing materials, recruiting child care programs to participate in STEP, and developing new policies and protocols to provide fiscal incentives to participating child care programs. The OCC also established several key operational partnerships during this time frame. For example, local Child Care Resource and Referral Agencies (R&Rs) came forward to help market STEP and recruit participants. A collaboration with the Department of Social Services, Community Care Licensing Division (CCLD), was formed to have CCLD staff review licensing records of participating child care programs and confirm that those facilities meet STEP's regulatory compliance standards. UCLA CICCQ was subcontracted to hire, train, maintain reliability, and deploy quality reviewers to rate participating child care programs.

STEP's pilot phase spanned 3 years (from 2007 to 2010), with funding coming primarily from First 5 LA. Its pilot phase culminated with significant recognition for STEP: a National Association of Counties Achievement Award, the California State Association of Counties Merit Award, and the Los Angeles County Quality and Productivity Commission Merit Award.

For about a year and a half after the pilot ended, STEP's operations slowed significantly as the OCC searched for a new funding source and fiscal support. Approximately 120 providers, who had been actively participating in STEP's pipeline up until that point, experienced a disruption in services and were placed on hold until new funding was secured. An external evaluation of the pilot was also completed and made available to stakeholders during that time period.

STEP resumed operations in January 2012 with funding from Los Angeles Universal Preschool (LAUP), when STEP joined the Los Angeles County ECE Workforce Consortium. STEP transitioned from being a pilot project that offered participating child care programs a one-time grant and a one-time quality rating (refer to Figure 1) to an "enhanced" model that provides child care programs with multiple quality rating opportunities, as well as ongoing grant and technical assistance support (refer to Figure 2). When STEP's operations resumed in 2012, those "pipeline" child care programs that chose to continue their participation and that had already solicited or received a quality improvement grant during STEP's pilot phase were targeted to have a full initial rating completed; programs that had not yet solicited a grant were transitioned to STEP's enhanced implementation model. And, all newly recruited programs that joined STEP in 2012 and afterwards were also led through the newly enhanced implementation model.

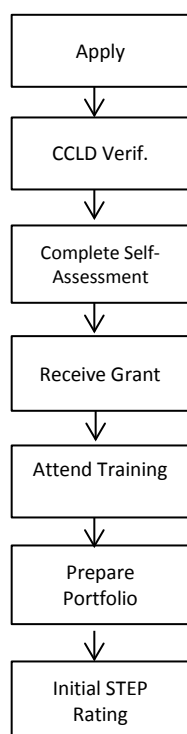


Figure 1. STEP Pilot Implementation Model

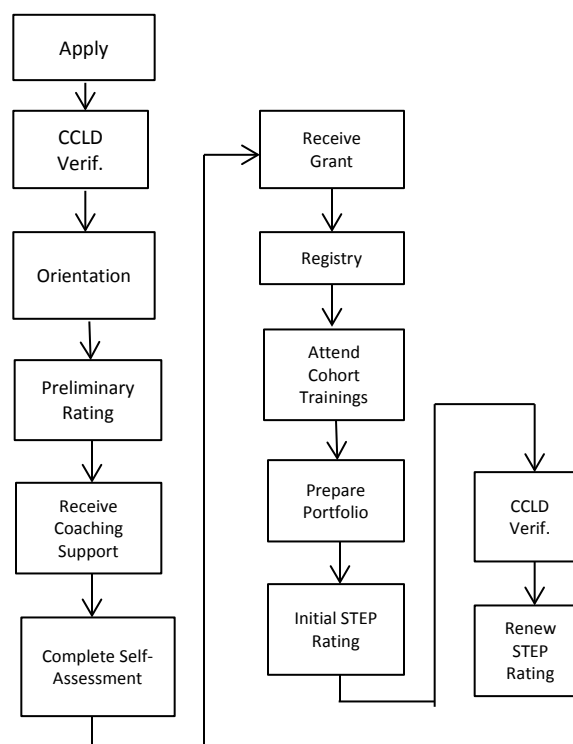


Figure 2. STEP Enhanced Implementation Model

Program Goals and Objectives

The STEP QRIS' main goal is to provide parents with clear, concise information on the quality of individual child care settings. STEP objectives are to (1) increase early educators' knowledge of quality standards and developmentally appropriate practices, (2) increase early educators' implementation of quality improvements, and (3) increase parents' knowledge of STEP quality ratings and standards.

STEP includes an explicit focus on improving early educator practice through training and/or coaching by providing incentives and supports for programs to meet and maintain higher program standards, and establishing benchmarks to determine if the quality of care in individual programs or communities is improving over time. Figure 3 presents the STEP Theory of Change Model, which informs the approach taken by STEP.

Program Participants and Activities

STEP's core services are objective, data-driven program assessments that result in a quality rating for each of the following six domains: (1) regulatory compliance, (2) teacher-child relationships, (3) learning environment, (4) identification and inclusion of children with special needs, (5) staff qualifications and working

conditions, and (6) family and community connections. An overall quality rating for each participating child care program is then awarded, based on the domain ratings. The quality assessments, which are conducted by CICCQ on behalf of OCC, include an on-site observation of 50% of randomly selected classrooms, and a document review of the program portfolio and staff qualifications. Participating programs that are enrolled in the enhanced STEP model receive a “preliminary” quality rating to establish a baseline in selected domains, an “initial” quality rating that is shared with the public, and a “recertification” quality rating every two years.

In addition to issuing quality ratings, child care programs that enroll in the STEP QRIS network receive one-time grants of up to \$5,000 to support quality improvements. Prior to receiving the grants, participating programs are required to (1) identify the related quality domain(s) for the desired change, (2) develop quality improvement plans, and (3) develop a corresponding budget that details how the money will be used. Staff employed in STEP programs are offered opportunities to participate in professional development trainings on topics related to the STEP QRIS domains. Family child care homes and nonsubsidized centers are also referred to the Gateways for Early Educators Program (Gateways), another initiative funded through the Los Angeles County ECE Workforce Consortium, for coaching services. All participating programs are invited to attend STEP-sponsored quality improvement trainings that address STEP’s quality domains. As of FY 2011-12, family child care providers in particular have been organized into learning communities and, using a cohort approach, are being directed through a STEP training curriculum.

STEP initially began offering its services in nine communities across Los Angeles County in 2007, and added two more in 2009. During FY 2012-13, STEP expanded its services by adding seven new communities, and is now currently operating in the following 18 communities across Los Angeles County: Altadena, Boyle Heights (ZIP code 90033), Florence/Firestone (ZIP codes 90001 and 90002), Granada Hills, Inglewood, Lancaster, Long Beach, Mission Hills, Pacoima/Arleta, Palmdale, Pasadena, Pomona, San Fernando (ZIP codes 91340, 91341, 91344, 91345, and 91346), San Pedro, Santa Monica, Torrance, Watts/Willowbrook (ZIP codes 90002, 90044, 90051, 90059, and 90061), and Wilmington. Refer to Figure 4 to view a map of STEP implementation communities.

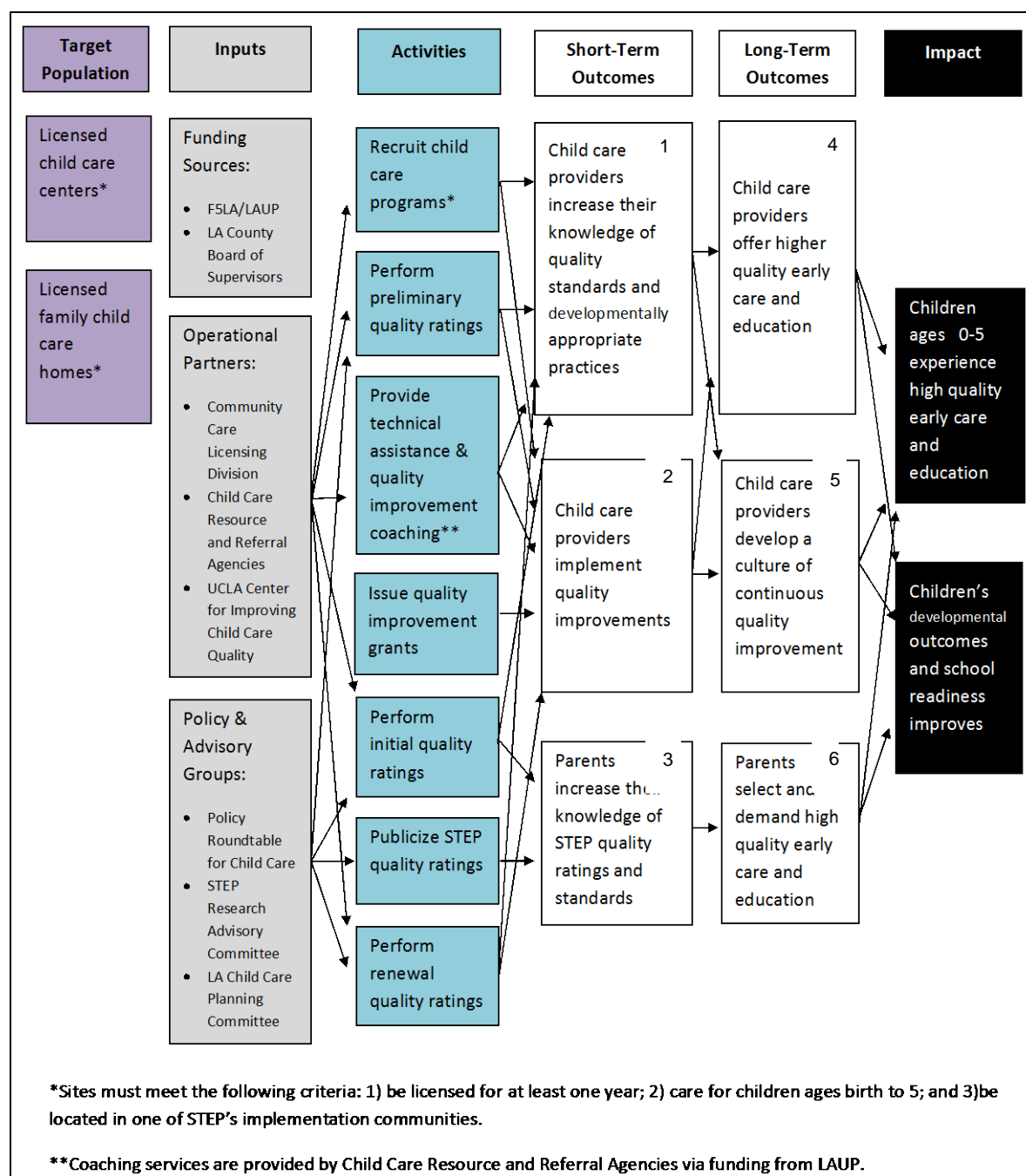


Figure 3. Theory of Change for the Program

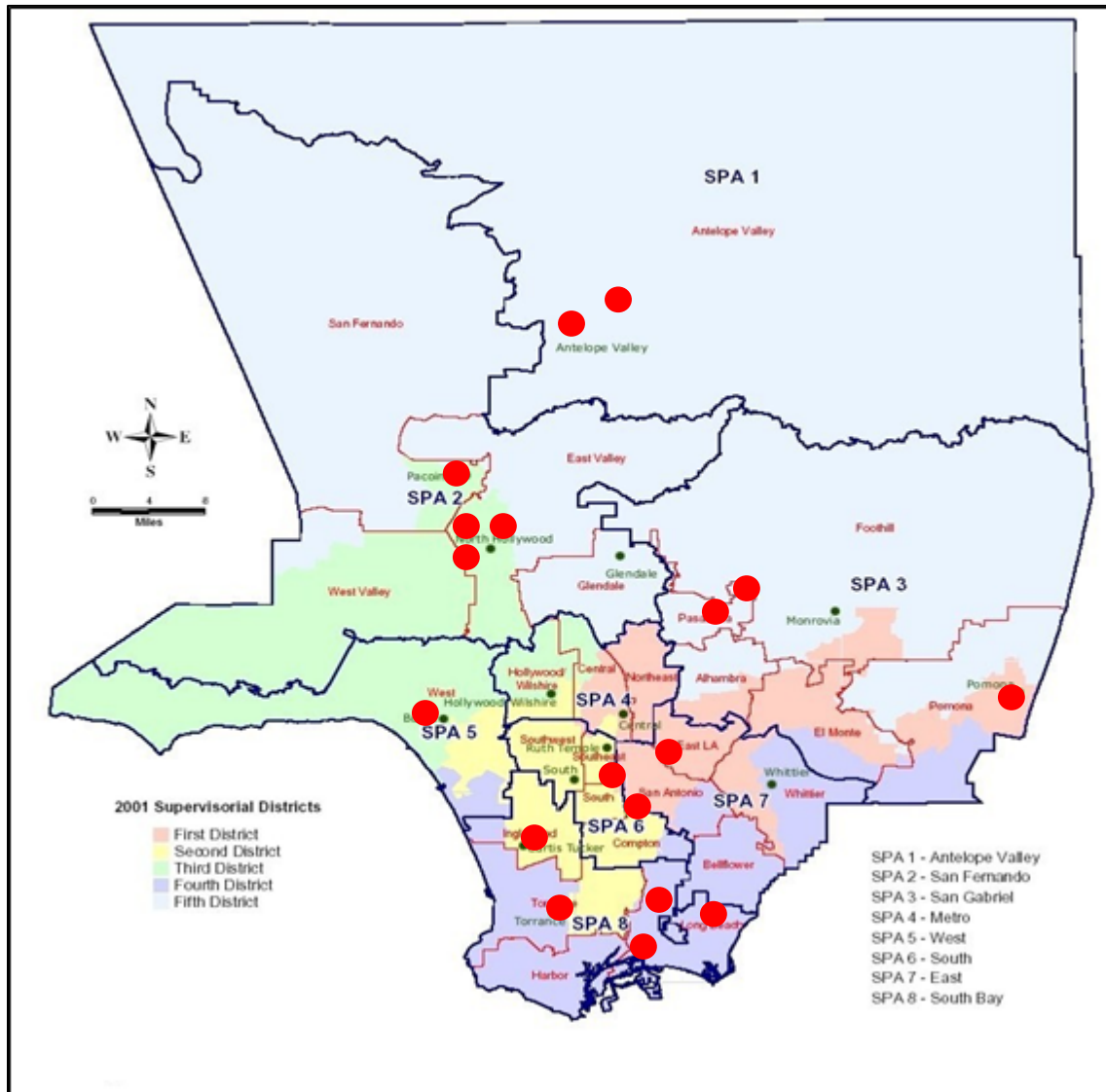


Figure 4. STEP Implementation Communities

Evaluation Design and Methods

Evaluation Questions

The focus of this FY 2012–13 evaluation is to assess progress toward the following broad outcomes for STEP, asking the following questions:

Outcome 1: Child care providers increase their knowledge of quality standards and developmentally appropriate practices.

- How do STEP trainings, technical assistance offerings, and grant resources impact provider knowledge and practice?
- Do providers perceive their STEP ratings as an accurate, valuable assessment of program strengths and areas for improvement?

Outcome 2: Child care providers implement quality improvements.

- Have the training, coaching, grant, and other resources been valuable and translated into positive changes in their program?
- What motivates providers to participate in STEP and recommend STEP to others?

Outcome 5: Child care providers develop a culture of continuous quality improvement.

- Is the level of provider interest in initial and ongoing participation in STEP increasing?
- What has been the overall experience with the STEP program?

STEP also has long-term outcomes of interest: participation in STEP changes practices that result in improved quality ratings over time, and parents learn to select and demand high-quality care. These outcomes are not addressed in this year's evaluation but will be included in future evaluations. The overall evaluation plan for FY 2012–FY 2015 includes all outcomes in the Theory of Change and an array of evaluation questions (See Appendix 1 for a full set).

Planned Data Collection Methods

The data collection methods for the FY 2012–2013 Evaluation Report include descriptive data from OCC, a survey of child care providers, and one-on-one interviews with a random sample of STEP participants. A summary table describing the planned data collection methods over the course of the evaluation is provided in Appendix 2.

1) Administrative Database:

OCC collects, analyzes, and tracks data about STEP program participants, such as community, type of program (center vs. family child care home), and quality ratings. OCC's STEP database also includes information about quality improvement grants, which will be analyzed to describe the number of grants, total expenditures, and the uses of those grants per STEP domain. The OCC's quality rating data can also be used to describe progress against program performance measures. In addition, it will contribute information to assess questions related to Outcomes 2 and 4 regarding priorities and subsequent changes in ratings. UCLA's Center for Improving Child Care Quality (CICCCQ) also maintains a database that contains quality ratings, environment rating scale item and Adult Involvement Scale scores, and will contribute that information as well to address the evaluation questions pertaining to changes in quality ratings.

2) Provider Survey:

The provider survey (Appendix 3) is designed and analyzed by Wold and Associates in consultation with the OCC. For the FY 2012-2013 Evaluation Report, a self-administered survey was conducted with STEP participants to obtain quantitative and qualitative data regarding experiences with participation in STEP. The survey assesses the overall experience of STEP participants, including use of STEP resources, satisfaction and value of trainings, coaching, technical assistance, and grants for improving knowledge and practices, and progress in the STEP domains. Influence of STEP participation on networking with other child care providers, marketing and enrollment, and future intentions is also assessed.

The survey addresses evaluation questions about the impact of STEP on provider practices and knowledge, value of the ratings for identifying program strengths and weaknesses, areas of progress, motivation and interest in ongoing participation, and perceived accuracy of the ratings (Outcome 1). The survey also explores evaluation questions about the value of training, coaching, grant, and other resources for making positive changes in their programs, and recommending STEP to others (Outcome 2) and endorsement of STEP values and future intentions (Outcome 5). In addition, provider surveys provide general feedback about specific program components and other topics of interest to STEP.

3) Provider Interviews:

Interviews with providers were conducted and analyzed by Wold and Associates in consultation with the OCC. For the FY 2012-2013 Evaluation Report, a general interview protocol (Appendix 4) was designed to elicit qualitative, narrative data to use provider's own examples and language about how STEP participation impacts themselves and their programs. The interviews provide valuable insights

about provider's experiences. Questions are designed to elicit narrative (stories, examples) about STEP participation and associated positive changes in their program, specific benefits, professional growth, plans to market QRIS participation, and conversations with parents about quality in child care. The interviews are most germane to questions about the value of STEP participation and how that translates into positive program changes, motivations to participate in STEP and recommend to others (Outcome 2). The interviews address questions related to ongoing interest and experience (Outcome 5).

Data Analysis

The following summarizes the analyses for each type of data collected for the FY 2012–2013 Evaluation Report.

Survey of STEP Participants

Providers from approximately 217 programs—family child care homes and child care centers—were identified to participate via their main contacts with the STEP program. Providers were eligible for inclusion based upon the following criteria:

1. The provider had received, at a minimum, a preliminary rating.
2. The provider was still in operation or associated with the same program.
3. The provider spoke English or Spanish.

Each contact was emailed a link to a standardized, self-administered survey in a letter from Helen Chavez, STEP's program manager. Letters were provided in English and Spanish along with links to English- and Spanish-language surveys. Providers were given incentives to participate: Every provider who completed the survey by a specified date was entered into a drawing for one of four \$50 gift cards from Target.

The survey used the online Survey Monkey tool. All survey data were entered into Survey Monkey, exported into Microsoft Excel tables, and analyzed using SAS (Statistical Analysis Software, Inc.). Open-ended responses were summarized, where appropriate. OCC sent reminder emails on four separate dates prior to the deadline.

Survey Topics

The self-administered survey contained 27 questions in the following topics (and examples) and required an estimated 15–20 minutes to complete.

1. Administrative/General (date of application, receipt of rating, result of rating, enrollment).
2. Experience with STEP (overall experience, perceived accuracy of rating).

3. STEP domains (level of importance and progress within each).
4. STEP impact on interactions with other providers (networking, observing other programs), marketing, and enrollment.
5. Use of resources offered through Gateways (coaching/mentoring, site visits, career development, trainings/workshops); satisfaction with and value of Gateways resources.
6. Endorsement of STEP values.
7. Knowledge acquired through STEPS (examples from each domain).
8. Satisfaction with Los Angeles County program staff.
9. Future plans and concluding thoughts (rating intentions, whether the participant would recommend STEP to others).

Survey Limitations

The survey relies on respondent self-assessment; although self-perceptions are a valid assessment, they are not necessarily standardized and may be biased. Other limitations on the survey include potential barriers to completion due to limited access to the Internet, language skills, and/or literacy. These limitations may have resulted in low response rates and potential non-representativeness and/or response bias due to differential participation. Attempts to improve the representativeness of the sample—i.e., maximize participation and minimize any systematic source of bias—included making the survey available in English and Spanish, providing reminders and incentives (eligibility for drawing for one of four \$50 Target gift cards). Professionals from Child Care Resource Center (CCRC) reviewed the survey and provided the Spanish translation.

Provider Interviews

Supplemental interviews were conducted with a random sample of 9 providers by telephone. The list, from the OCC, included providers who had slightly varied the sequencing and implementation in their STEP approaches since 2012. The purpose of the interviews was to complement findings from the survey and administrative data with stories from providers about their experience with the STEP program so far, including program improvements, benefits, professional growth and career development, marketing, and suggestions for reaching parents with information about quality in child care.

Interview Topics

A protocol was developed and included questions to elicit feedback in the following topics:

1. Has participation in STEP helped you make some positive changes in your program? What are some examples?
2. Can you tell me about some of the biggest benefits you have realized from participation in STEP so far?
3. What has STEP participation meant to you? How has your experience affected your professional growth? How has STEP influenced your career plans? Where do you see yourself in the future?
4. Have you used STEP participation to market your services? What would be helpful to assist with your marketing? Has participation influenced enrollment?
5. What kinds of questions do parents ask about quality? Has STEP participation prepared you to have conversations with parents about what “quality” means?
6. Where do parents in your community obtain information about the quality of child care services? What strategies do you think would help reach parents in your area? What approaches do you think would be effective?

Interview Limitations

Limitations to the interviews may include a reluctance on the part of some participants to speak openly. However, the evaluation consultant did not observe a reluctance to speak from providers; to the contrary, many provided useful feedback and suggestions for STEP to consider.

Findings

Summary of Program Services and Activities, FY 2012-13

Outreach

STEP began FY 2012-13 by planning and launching outreach meetings to recruit new participants to its QRIS network. Given that STEP needed to complete 200 ratings by the end of the fiscal year, one of STEP's programmatic goals was to attract new child care programs by extending its services to new communities. Seven new communities were added this fiscal year, which included Boyle Heights, Granada Hills, Lancaster, Mission Hills, San Fernando (city), Torrance, and Watts/Willowbrook. Beginning in September 2012 and spanning through January 2013, STEP coordinated and conducted a total of 12 outreach sessions, which attracted 180 child care providers. Also, STEP initiated a special partnership with the First 5 LA funded project (and ECE Workforce Consortia member) Project Vistas in January of 2013, in an effort to increase connections and integrate services with other Consortia partners.

In August and September 2012, STEP conducted a series of focus groups with family child care providers and center directors who had participated in the STEP pilot, to identify incentives and develop strategies that would help re-engage child care programs that had received a STEP rating prior to 2012. A series of recommendations were identified and used to develop quality improvement grant renewal incentives, a mailing campaign and accompanying materials. STEP reached out in December 2012 to over 80 family child care providers from its database that were identified as still being in business; of these, approximately 39% (N=31) affirmatively responded to STEP's renewal invitation. STEP's center renewal outreach was scheduled to launch in February of 2013. However, due to budget discussions with LAUP and subsequent scope of work limitations for FY 2013-14, this activity was initially deferred and later indefinitely postponed. As of June 30, 2013, there are a total of 26 family child care providers interested in renewing their STEP rating. Three of these programs opted to renew their rating in May and June of 2013; the remaining providers have agreed to renew their ratings by September 2013.

Training and Technical Assistance

Offering quality improvement trainings and technical assistance support to participating child care programs are also core STEP activities. A total of 34 orientation trainings were offered during FY 2012-13, serving 159 early education practitioners from child development centers and family child care homes. Thirteen STEP Portfolio technical assistance sessions were implemented during the third and fourth quarters, providing 57 providers with instructions, tips and advice on how to prepare documentation for their full, initial STEP site visits. And, 49 quality improvement trainings on topics relevant to STEP's six domains were coordinated and offered to participating early educators. Attendance at these trainings totaled 752. (Note: This number does not mean 752 individuals attended,

since early educators were encouraged to attend multiple STEP trainings. Instead, it represents the number of attendees, in aggregate).

STEP also designed and launched a Peer Advisor and Leader (PAL) program this year, during quarter 3. A solicitation and interview process was implemented, and ultimately seven STEP-rated family child care providers who achieved an overall rating of 3 or higher prior to 2012 were identified as leaders that could help recruit new programs, provide technical assistance and tips on how to prepare for a STEP rating site visit, and help counter attrition by attesting to the benefits of participating in the STEP QRIS. PALS were then provided trainings during quarter 4, and will provide support during FY 2013-14.

Quality Improvement Grants

The STEP QRIS has also significantly contributed quality improvement resources and supports to the early childhood education field. STEP awarded 58 quality improvement grants to participating child care programs this fiscal year that amounted to approximately \$286,000. Over 90% of these awards were distributed to family child care homes that have no access to any other quality improvement funding sources, despite accounting for a substantial portion of Los Angeles County's child care supply. Table 1 shows the percentage of STEP grant expenditures categorized by relevant STEP domain. On average, the majority of STEP grant funds (80%) were allocated to improving the learning environment of participating child care programs.

STEP Domain	Quarter 1	Quarter 2	Quarter 3 (no grants issued)	Quarter 4	Averages
1. Regulatory Compliance	0%	0%	N/A	0%	0%
2. Teacher-Child Interactions	3%	4%	N/A	1%	3%
3. Learning Environment	89%	75%	N/A	78%	80%
4. Identification/ Inclusion of Children with Special Needs	8%	4%	N/A	7%	6%
5. Staff Qualifications/Working Conditions	0%	8%	N/A	8%	6%
6. Family/Community Connections	0%	9%	N/A	6%	5%

Table 1: % of STEP Quality Improvement Grant Expenditures by STEP Domain

Number of Completed STEP Quality Ratings

STEP completed 158 quality rating site visits during FY 2012-13. The following tables provide a breakdown of STEP ratings completed by quarter and by rating type (preliminary vs. full initial vs. renewal rating).

Quarter	No. of STEP Ratings Completed
1 (Jul – Sept, 2012)	1
2 (Oct – Dec, 2012)	20
3 (Jan – Mar, 2013)	38
4 (Apr – Jun, 2013)	99
Totals	158

Table 2: STEP Quality Ratings Completed during FY 2012-13 by Quarter

Type of STEP Rating	No. of Ratings Completed	No. of Ratings Deferred
Preliminary	124	32
Full (Initial)	31	10
Renewal	3	
Totals	158	42

Table 3: STEP Quality Ratings in FY 2012-13

While this total demonstrates STEP achieved 80% of the 200 ratings set forth in its scope of work for this fiscal year, it is not indicative of the total number of ratings that could have been completed by the end of our fourth quarter. STEP's budgetary limitations for FY 2013-14, coupled with the increased number of grants that would have to be made available to participating programs newly recruited to STEP, resulted in LAUP issuing our office a directive to stop recruiting any new programs after quarter 3, and to also defer over 30 preliminary ratings that had already been scheduled to FY 2013-14. Also, during our fourth quarter, 10 providers that were scheduled to receive a full (initial) quality rating in June 2013 canceled their site visits due to various reasons, such as medical/family emergencies or unexpected staff turn-over. As shown in Table 3, there were a total of 42 programs that resulted in having their rating "deferred" this year. If those ratings had not been deferred, then STEP would have achieved its goal of 200 ratings.

Analysis of STEP Quality Ratings

In this section we present the breakdown of scores by quality domain for the 107 programs reviewed between September 2012 through May 2013. Among these programs, 26 were centers and 81 were FCCs. These sites cannot be considered a representative sample for Los Angeles County, as they were self-selected to participate in STEP. Ninety-three were preliminary reviews using the observational measures applied by the STEP QRIS: Environmental Ratings Scales (ERS) for both centers and family child care homes, Adult Involvement Scale (AIS) for family child care homes, and the Classroom Assessment Scoring System (CLASS) for centers. Fourteen of these reviews were full initial reviews which included both the observational measures and portfolio document reviews.

STEP quality rating data collected by UCLA CICCQ between May 8 through June 28, 2013 were not yet available to include in this report. The total number of STEP sites that received a quality review through the end of June was 158.

Among the 107 programs that are discussed in this report, 14 received a full review; As such, they received scores for each of the STEP domains as well as an overall STEP score. The remaining 93 sites received preliminary reviews based solely on the observational measures and therefore only received scores for STEP domains 1 (Regulatory Compliance), 2 (Teacher/Child Relationships) and 3 (Learning Environment). Domain 1 is a licensing check which all programs must pass in order to participate in STEP, therefore results for this domain are not presented. In the graphs that follow, results pertaining to domains 2 and 3 were derived from analyses of the full sample (n=107) of full review and observation only sites. Results pertaining to overall STEP scores and domains 4, 5, and 6 describe analyses of data from the full review (n=14) sites only.

The average overall STEP score for sites that received a full review (n=14 FCC) was 2.93. Programs tended to score highest on Teacher-Child Relationships (Domain 2) and Identification and Inclusion (Domain 4). Refer to figures 5 and 6.

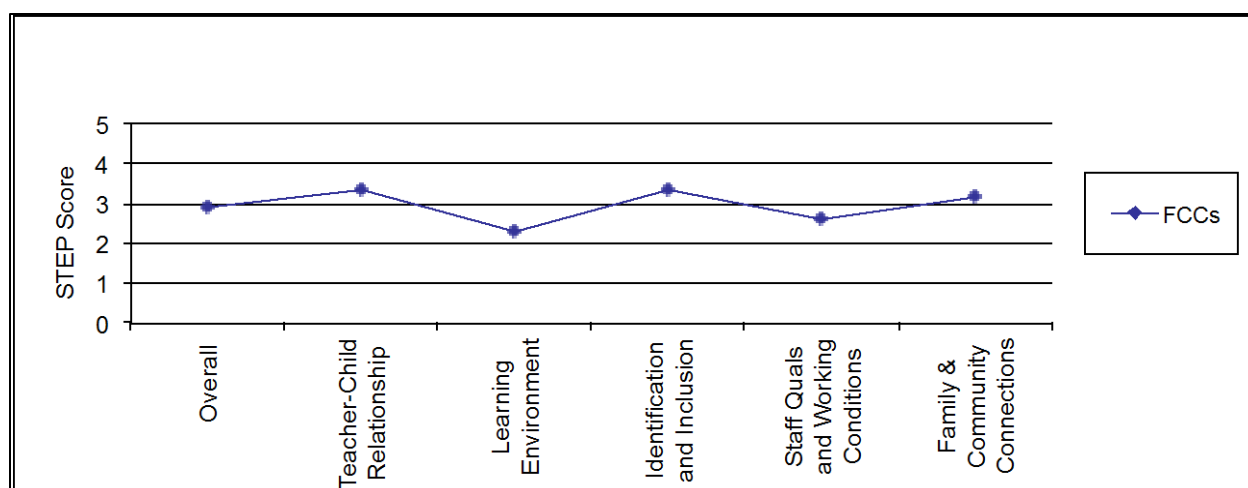


Figure 5: STEP Full Initial Quality Ratings in FY 2012-13 (N = 14)

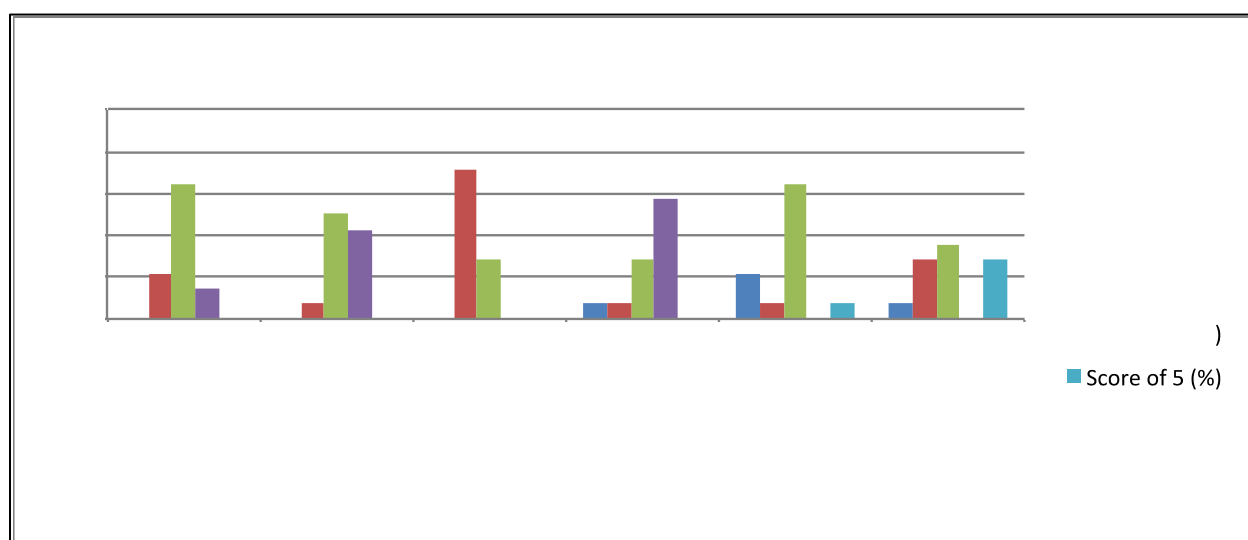


Figure 6: Frequency of Overall STEP Scores and Domain Scores in FY 2012-13 for Full Initial STEP Quality Ratings (N = 14)

Domain 2: Teacher-Child Relationships

For all programs (n=107) reviewed during 2012-13 5, the average overall score in the Teacher-Child Relationship Domain was 3.47 (see figure 7). Center-based programs had higher average scores (mean = 4.58), than FCC programs did (mean = 3.11). The highest element scores were on the group size and adult-child ratio elements. On average, all center-based programs received a high score for group size (mean = 4.73) and adult-child ratio (mean = 4.88) and all FCC programs were assessed a pass rating based on meeting regulatory compliance standards. The AIS was only used in FCC and the CLASS was only used in centers. The mean Adult Involvement Scale element score for FCCs was 3.11. The lowest scores for centers in domain 2 were for the CLASS Relationship element. The mean CLASS Relationship element score for Centers was 3.73 (see figures 9 and 10).

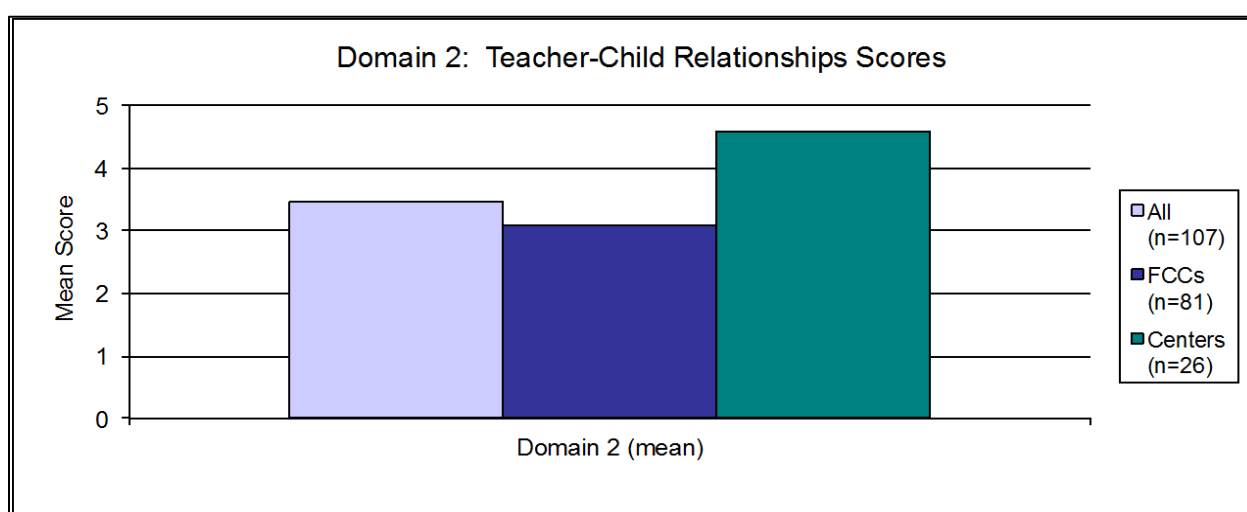


Figure 7: Average STEP Scores for Domain 2 Teacher Child Relationships: Preliminary and Full Initial Ratings (N = 107)

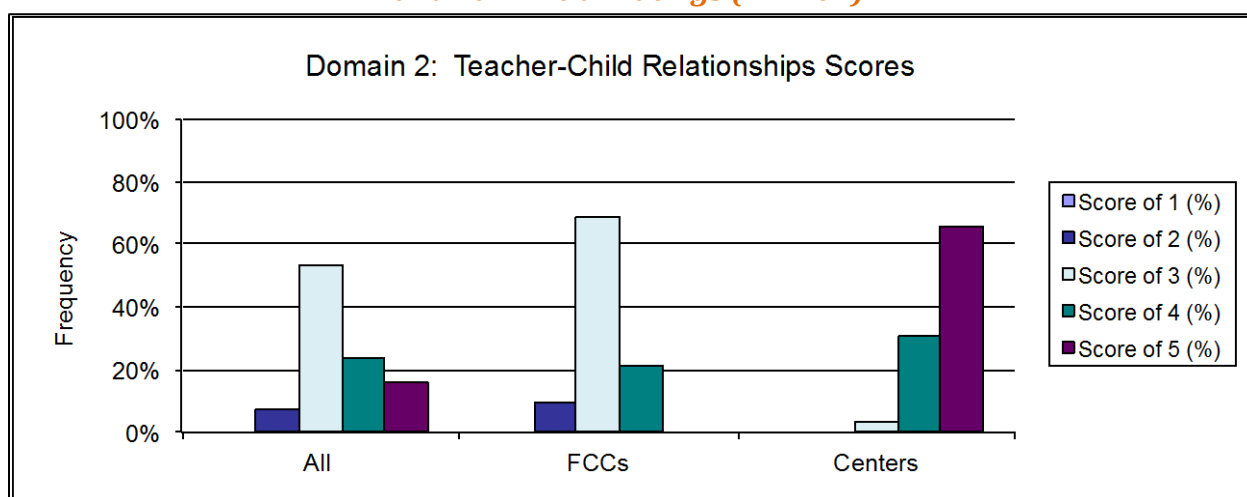


Figure 8: Frequency of STEP Scores for Domain 2 – Teacher-Child Relationships: Preliminary & Full Initial Ratings (N=107)

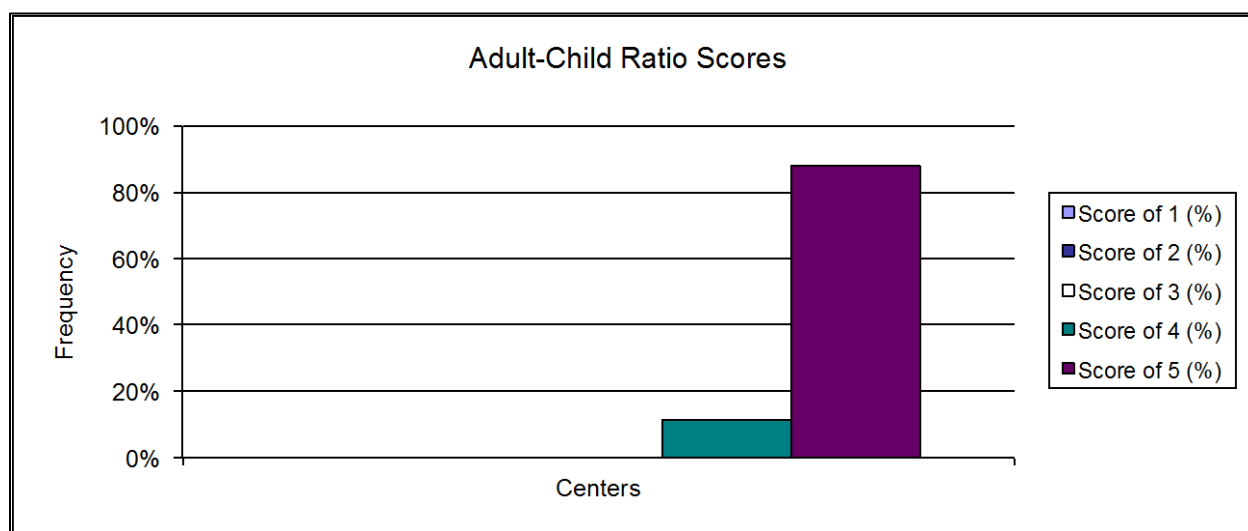


Figure 9: Frequency of STEP Scores for Domain 2 – Adult-Child Ratio Element: Preliminary & Full Initial Ratings (Centers Only)

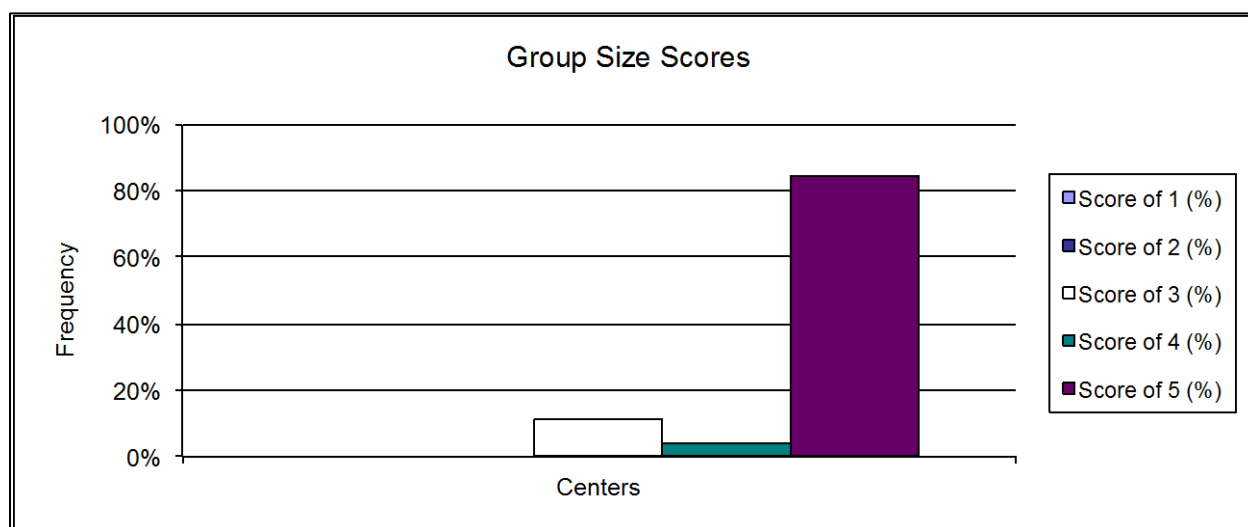


Figure 10: Frequency of STEP Scores for Domain 2 – Group Size Element: Preliminary & Full Initial Ratings (Centers Only)

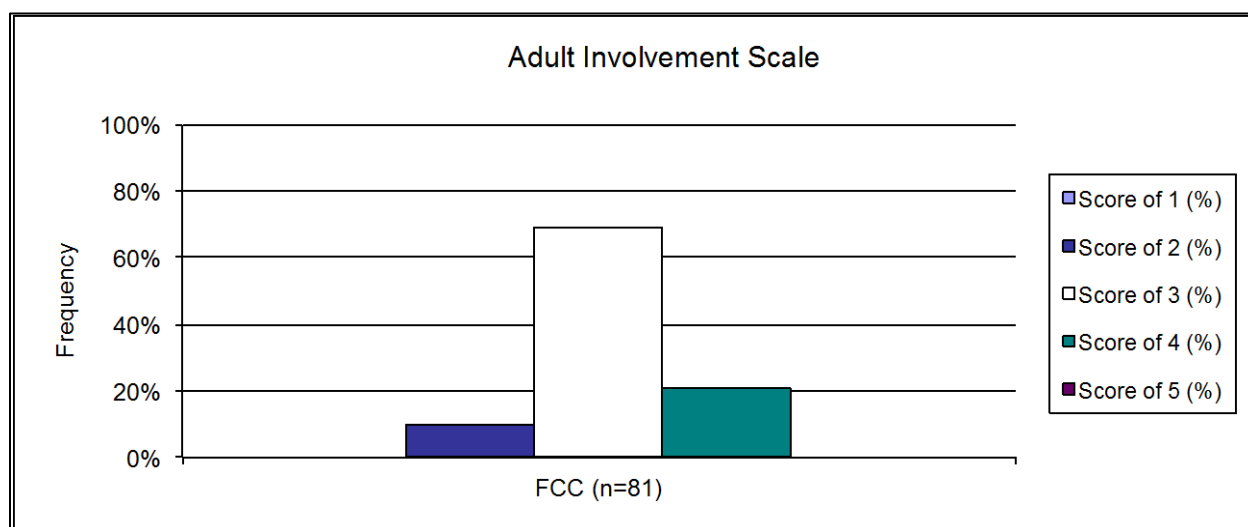


Figure 11: Frequency of STEP Scores for Domain 2- Adult Involvement Scale Element: Preliminary & Full Initial Ratings (FCCs Only)

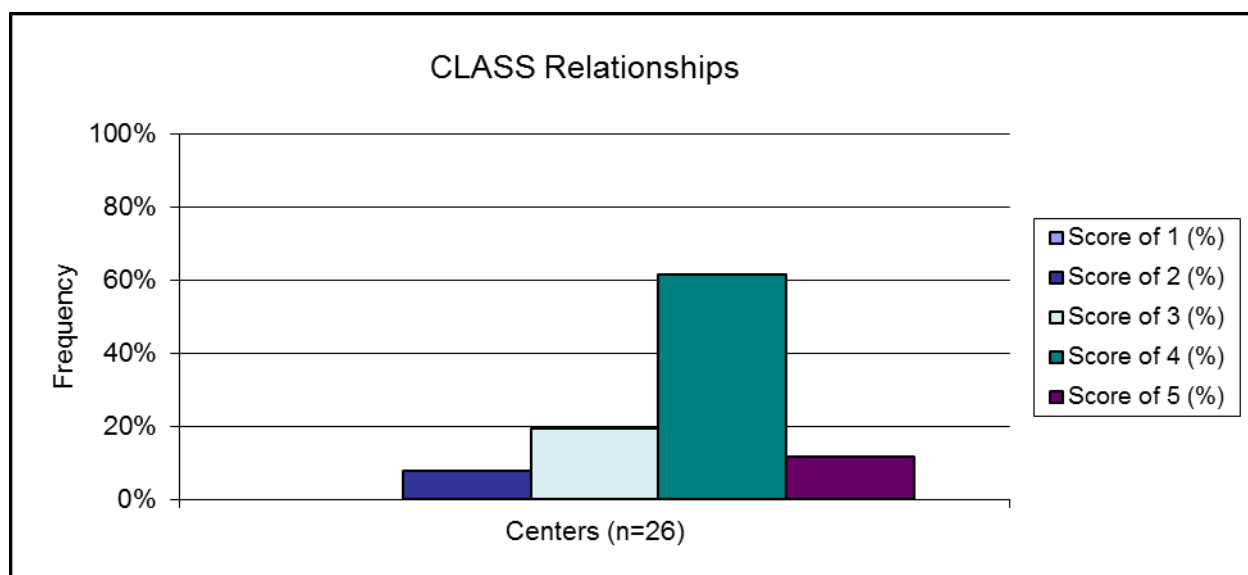


Figure 12: Frequency of STEP Scores for Domain 2 - CLASS Relationships Element: Preliminary & Full Initial Ratings (Centers Only)

Domain 3: Learning Environment

For all 107 programs reviewed as part of this evaluation report's analysis, the average overall score in the Learning Environment Domain was 1.8 (see figure 13). Overall scores in this domain were slightly higher in center-based programs (mean = 2.08) than FCC programs (mean = 1.7). For FCCs, the Learning Environment Domain score is comprised entirely of their ERS score (mean = 1.7). For centers, the Learning Environment Domain score is comprised of both their ERS score (mean = 2.37) and their CLASS Learning element score (mean = 2).

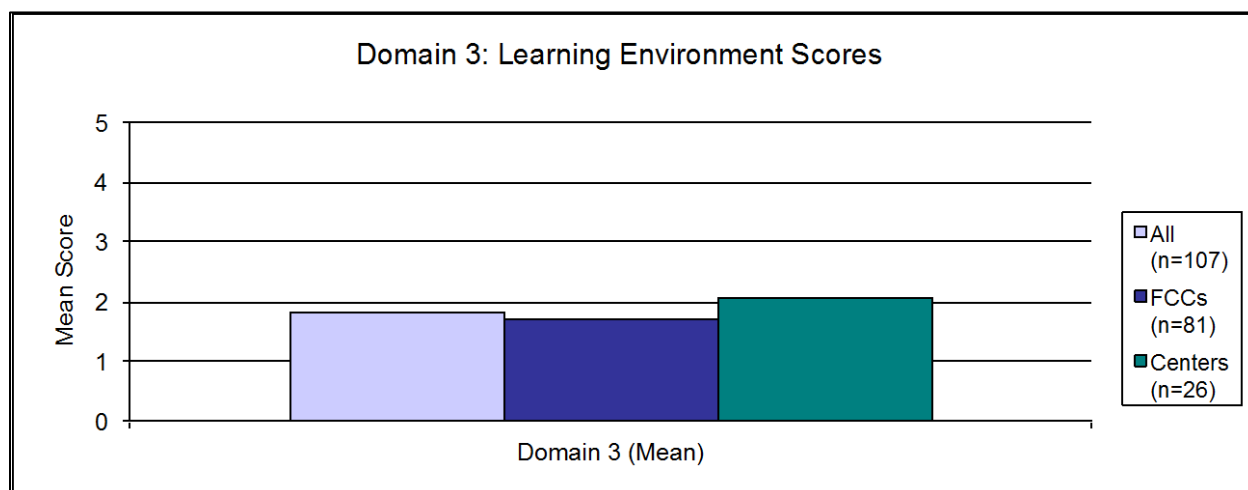


Figure 13: Average STEP Scores for Domain 3 - Learning Environment: Preliminary & Full Initial Ratings

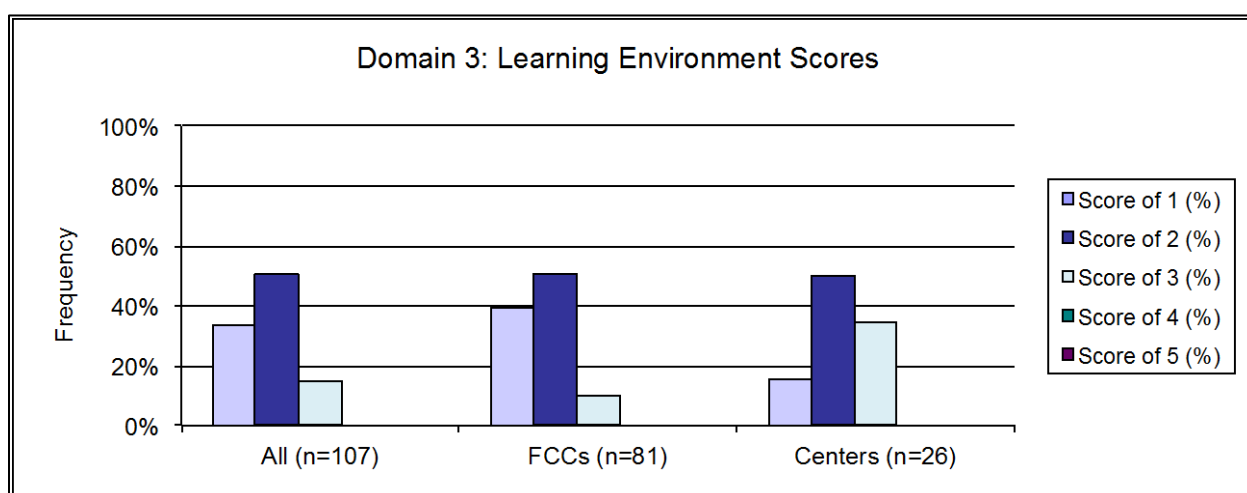


Figure 14: Frequency of STEP Scores for Domain 3 - Learning Environment: Preliminary & Full Initial Ratings

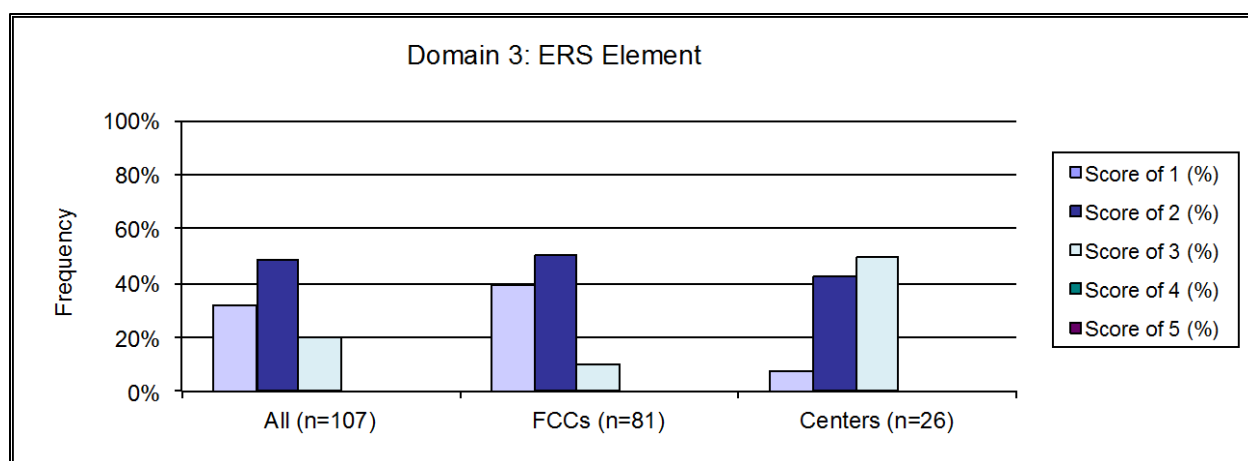


Figure 15: Frequency of STEP Scores for Domain 3 – ERS Element: Preliminary & Full Initial Ratings

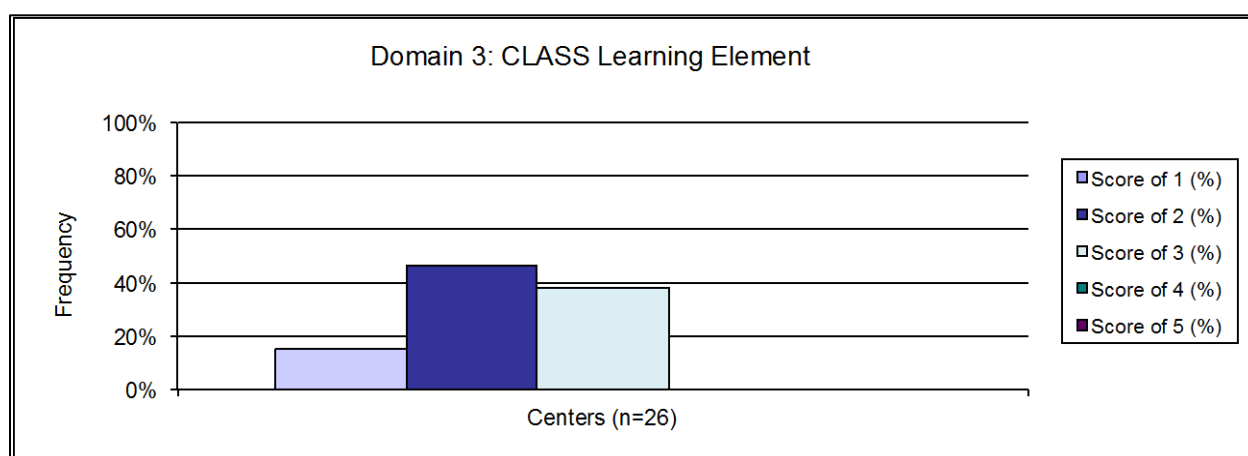


Figure 16: Frequency of STEP Scores for Domain 3 – CLASS Learning Environment Element: Preliminary & Full Initial Ratings (Centers Only)

Domain 4: Identification and Inclusion of Children with Special Needs

For the 14 FCC programs that received full reviews during 2012-13, the average overall score for the Identification and Inclusion of Children with Special Needs Domain was 3.36 (see figures 17 and 18). All programs met the threshold criteria for welcoming children with special needs and for demonstrating awareness of early intervention services, which is required for programs to score beyond a STEP 2 for this domain. More than 75% of programs use a developmental screening tool to identify children with special needs. Of the FCC programs that received a full review, approximately 21% reported serving a child with special needs and demonstrated the ability to make appropriate modifications and accommodations for the special needs children in their care, receiving a score of 5, the highest possible score on this element. Across all 14 programs the average element score for special needs training was 2.64.

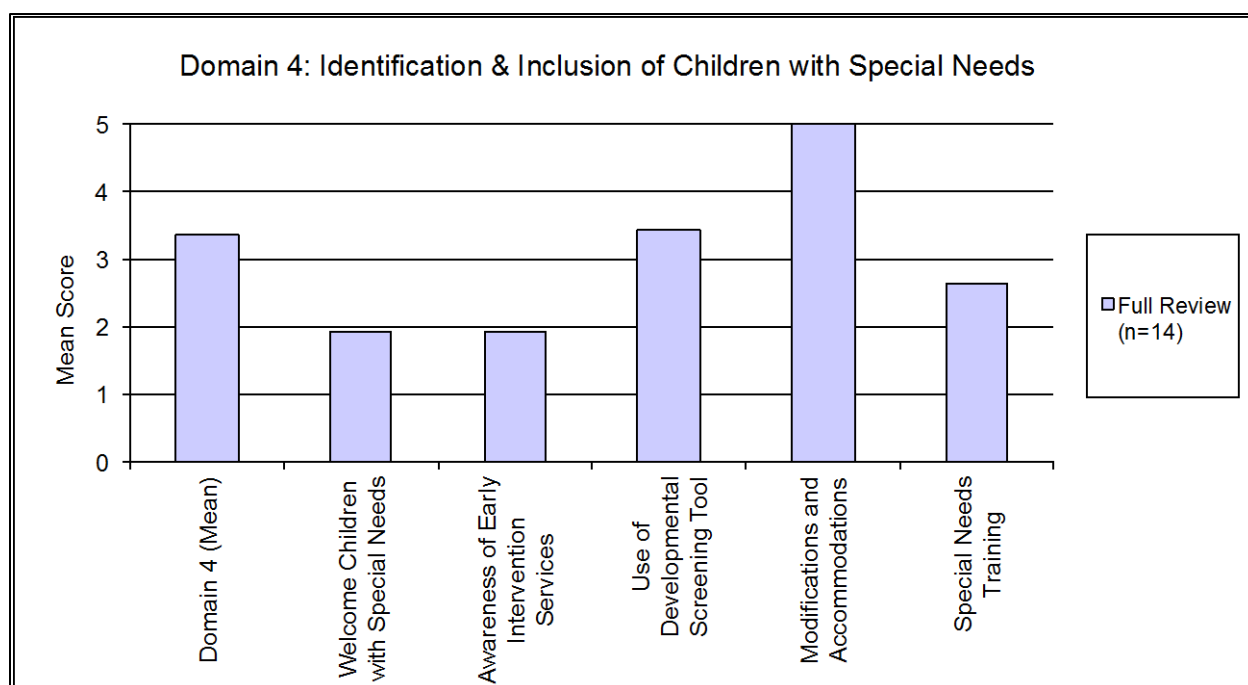


Figure 17: Average STEP Scores for Domain 4 – Identification & Inclusion of Children with Special Needs: Full Initial Ratings Only (FCCs Only)

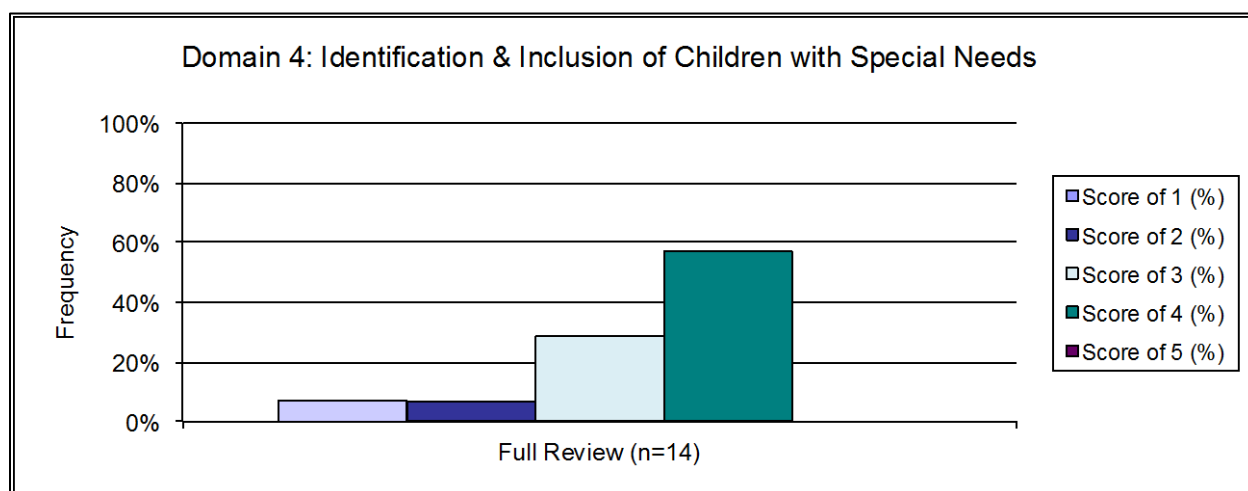


Figure 18: Frequency of STEP Scores for Domain 4 – Identification & Inclusion of Children with Special Needs: Full Initial Ratings Only (FCCs Only)

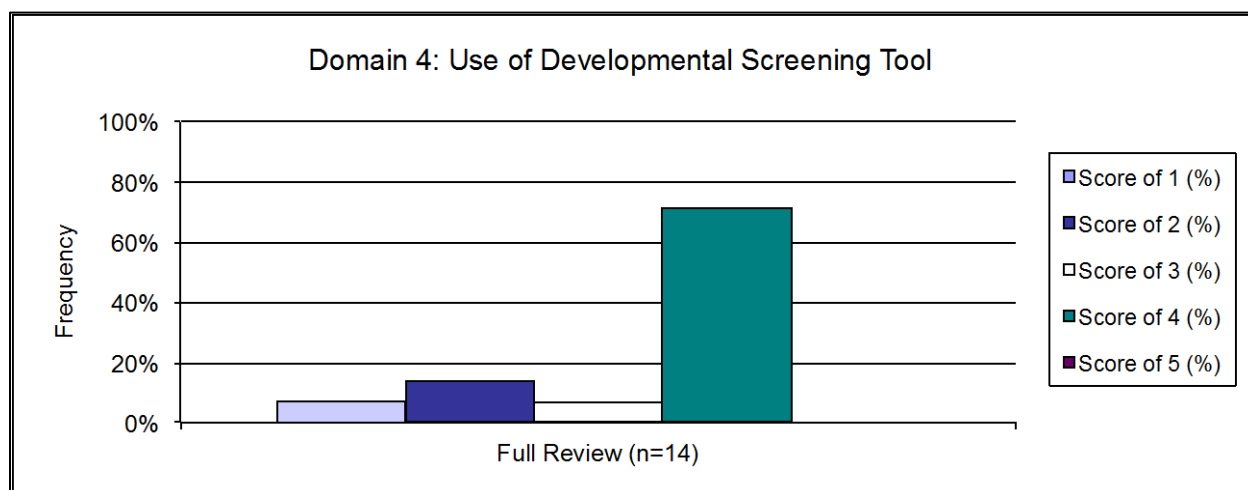


Figure 19: Frequency of STEP Scores for Domain 4 – Use of Developmental Screening Tool Element: Full Initial Ratings Only (FCCs Only)

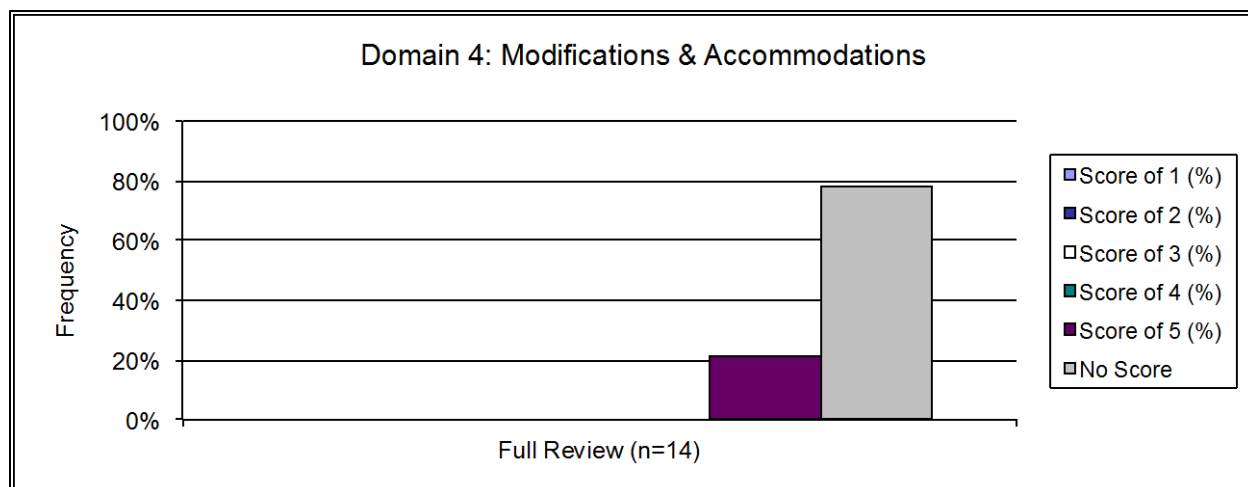


Figure 20: Frequency of STEP Scores for Domain 4 – Modifications and Accommodations Element: Full Initial Ratings Only (FCCs Only)

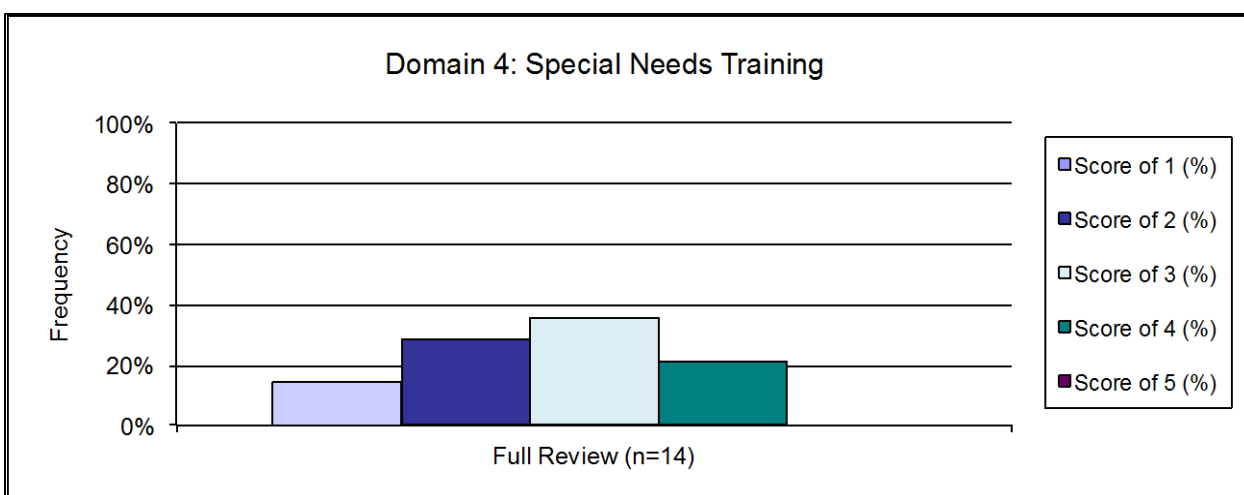


Figure 21: Frequency of STEP Scores for Domain 4 – Special Needs Training Element: Full Initial Ratings Only (FCCs Only)

Domain 5: Staff Qualifications and Working Conditions

STEP's Staff Qualifications and Working Conditions Domain had the lowest overall scores of any of the domains. For the 14 FCC programs that received full reviews during 2012-13, the average overall score for this domain was 2.64 (see figure 22). Approximately 7% of programs received the highest score of 5, while the remainder of programs received a score of 3 or less (see figure 23). Looking across the element scores within this domain, programs scored highest on the Staff Stability element (mean= 4) and lowest on the Staff Qualifications element (mean= 1.79).

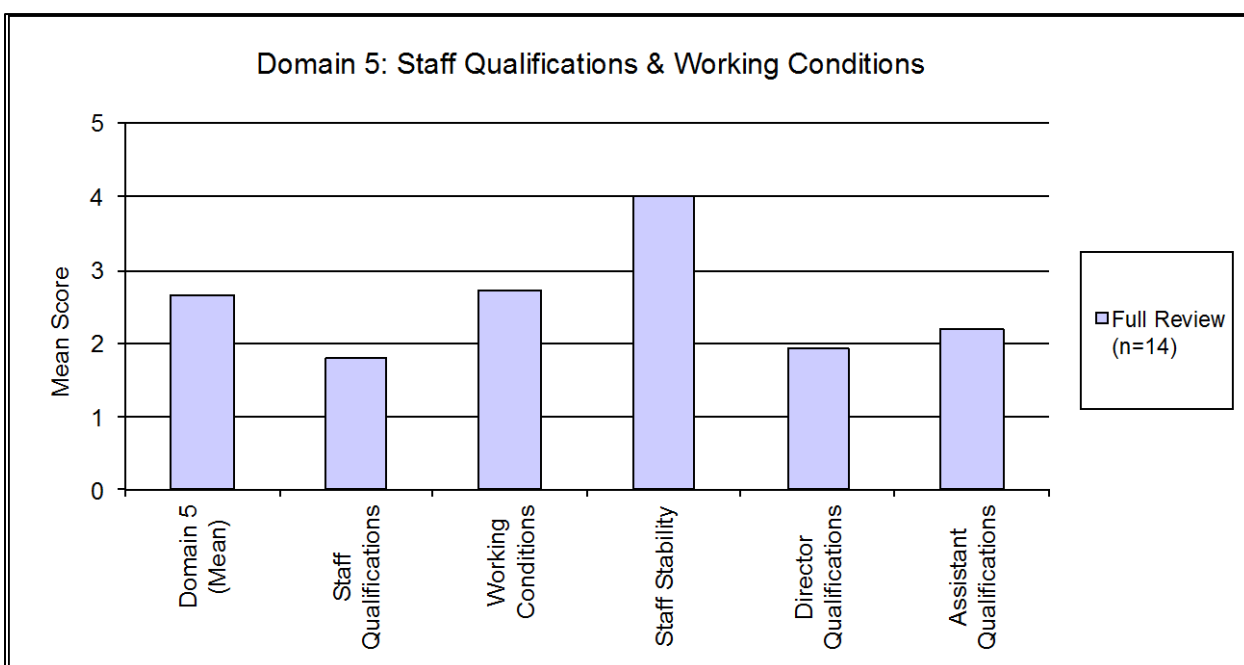


Figure 22: Average STEP Scores for Domain 5 – Staff Qualifications and Working Conditions: Full Initial Ratings Only (FCCs Only)

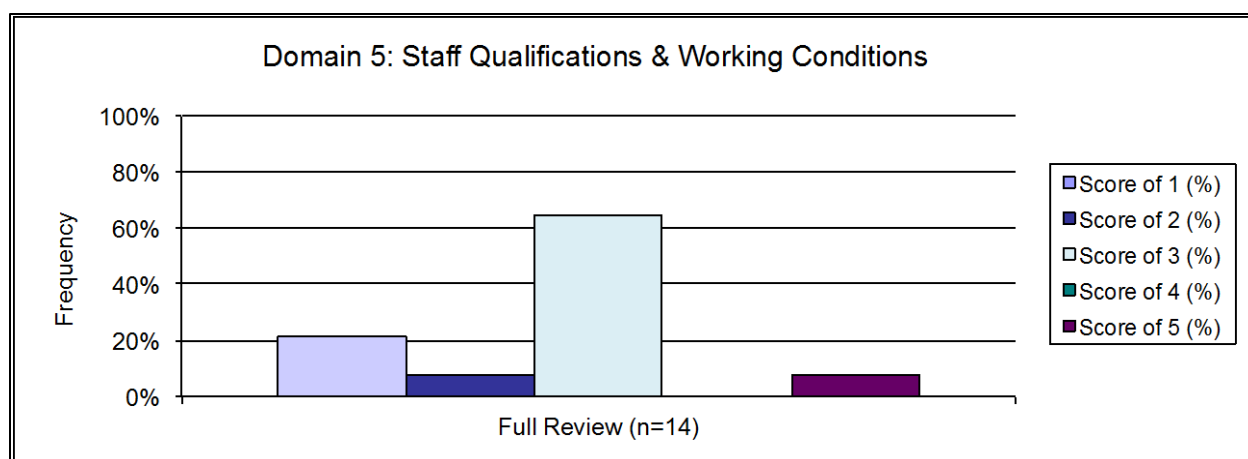


Figure 23: Frequency of STEP Scores for Domain 5 – Staff Qualifications and Working Conditions: Full Initial Ratings Only (FCCs Only)

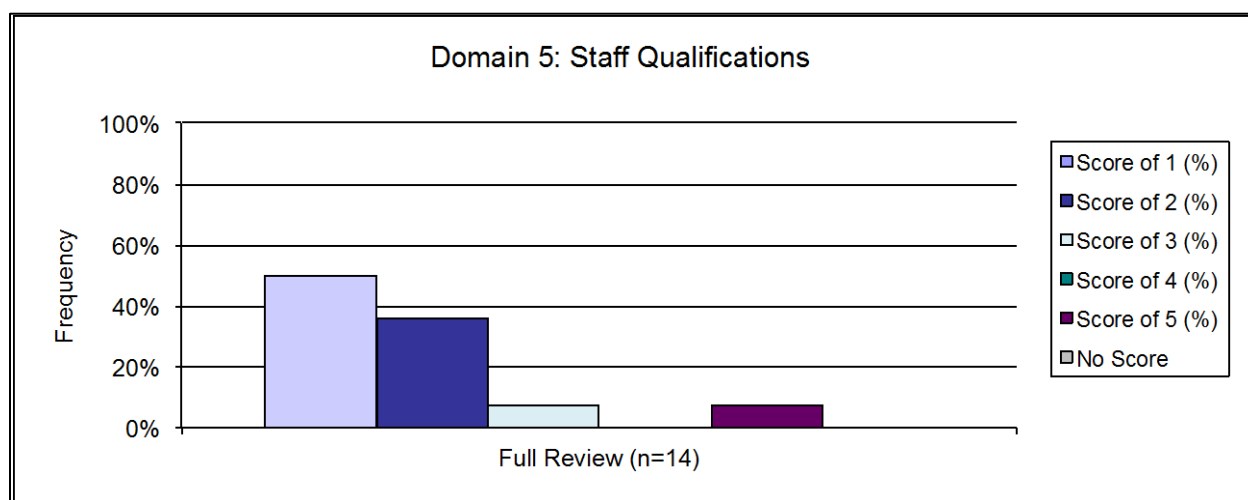


Figure 24: Frequency of STEP Scores for Domain 5 – Staff Qualifications Element: Full Initial Ratings Only (FCCs Only)

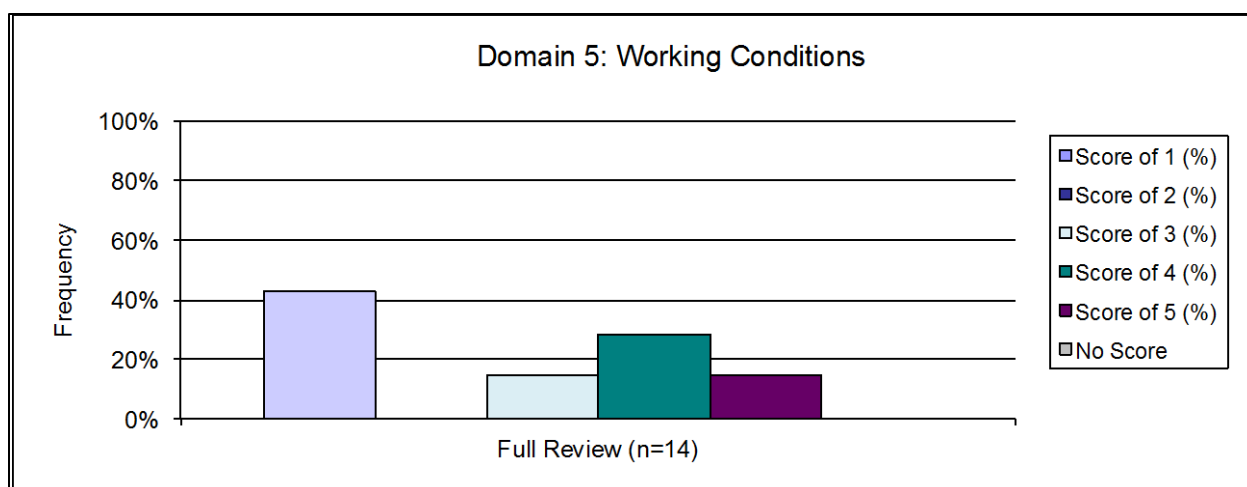


Figure 25: Frequency of STEP Scores for Domain 5 – Working Conditions Element: Full Initial Ratings Only (FCCs Only)

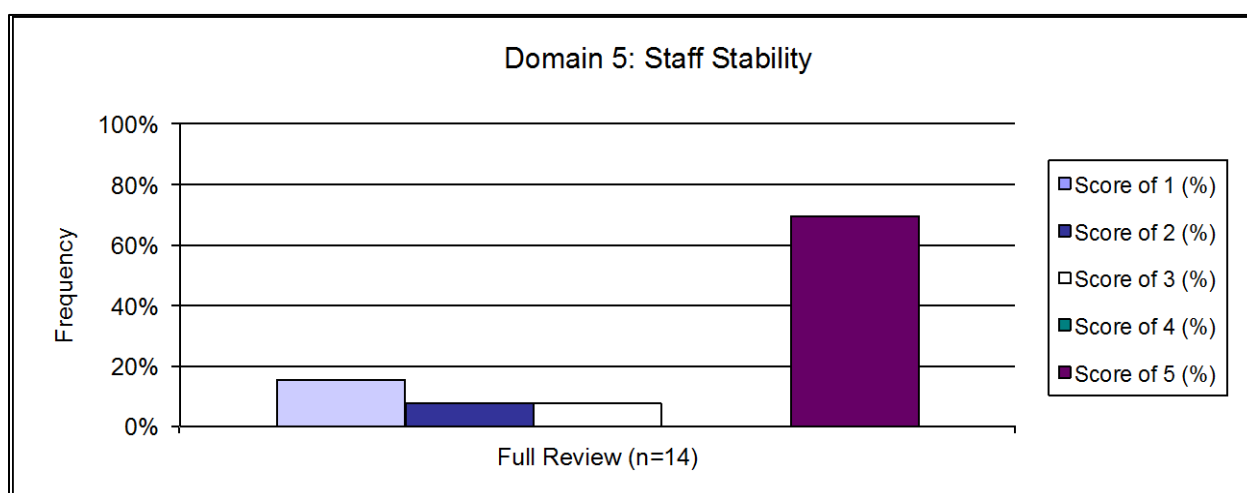


Figure 26: Frequency of STEP Scores for Domain 5 – Staff Stability Element: Full Initial Ratings Only (FCCs Only)

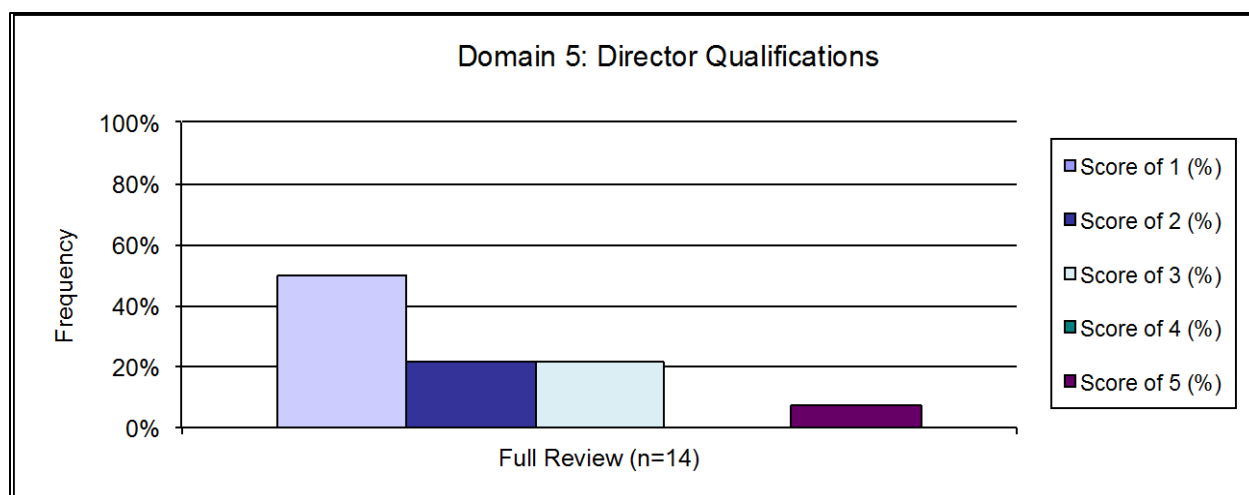


Figure 27: Frequency of STEP Scores for Domain 5 – Director Qualifications Element: Full Initial Ratings Only

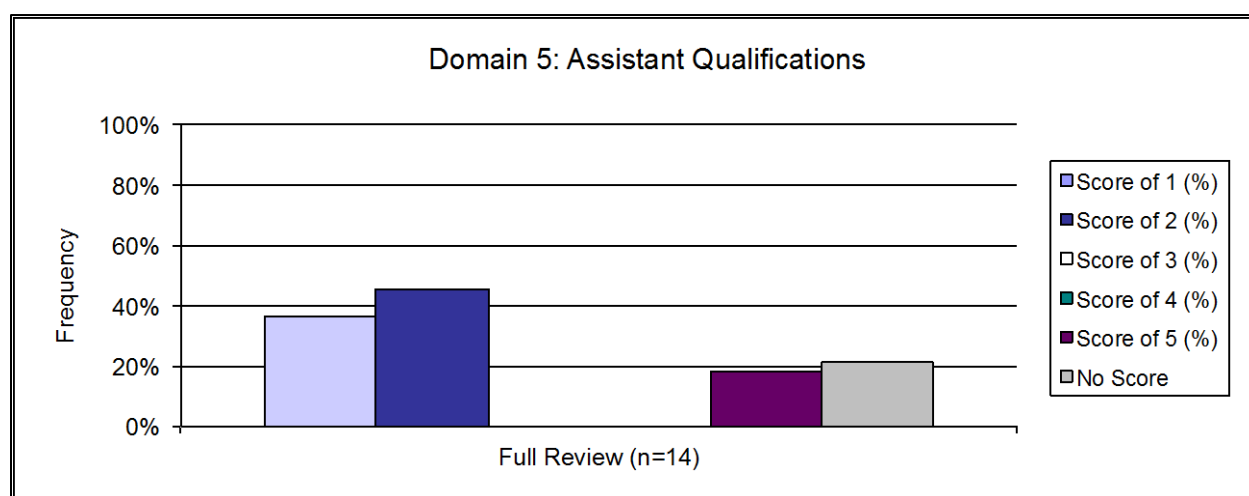


Figure 28: Frequency of STEP Scores for Domain 5 – Assistant Qualifications Element: Full Initial Ratings Only

Domain 6: Family and Community Connections

For the 14 FCC programs that received full reviews during 2012-13, the average overall score for STEP's Family and Community Connections Domain was 3.14 (see figures 29 and 30). Approximately 78% of programs scored a 5 for Category A, and more than 60% of programs scored 4 or 5 for Category B. This suggests that the majority of programs welcome families and encourage their involvement (Category A), as well as foster strong, reciprocal relationships with families through intentional communication (Category B). Approximately 35% of programs scored in the high range for Category C and just over 40% of programs scored in the high range for Category D, receiving a score of 5. This suggests some programs are better at promoting family strengths by facilitating social connections and demonstrating their understanding of parenting and child development (Category C), and are more effective at facilitating meaningful connections between community resources and families (Category D).

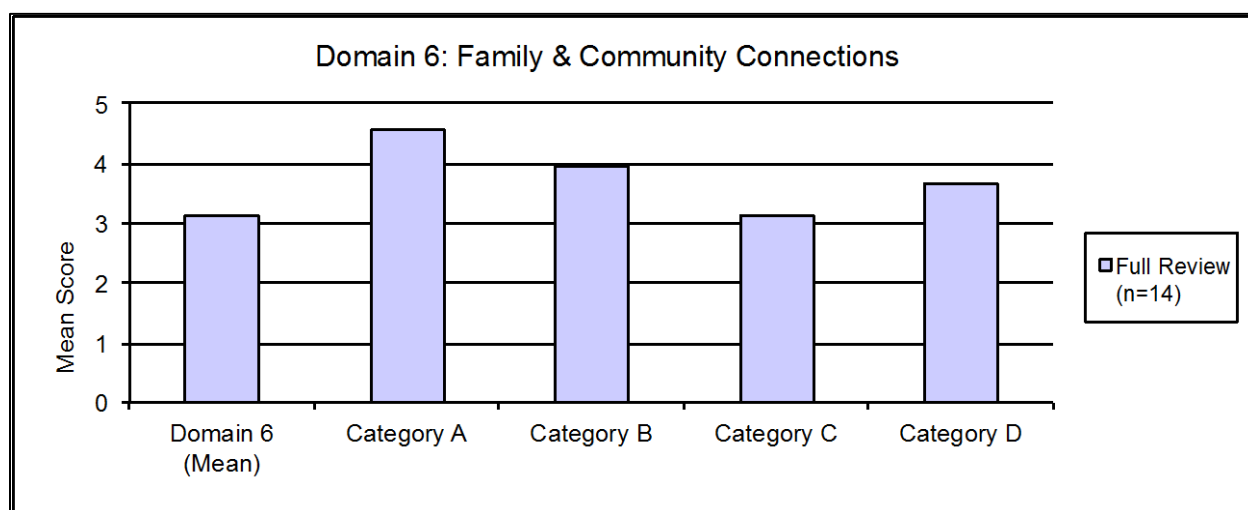


Figure 29: Average STEP Scores for Domain 6 – Family & Community Connections: Full Initial Ratings Only

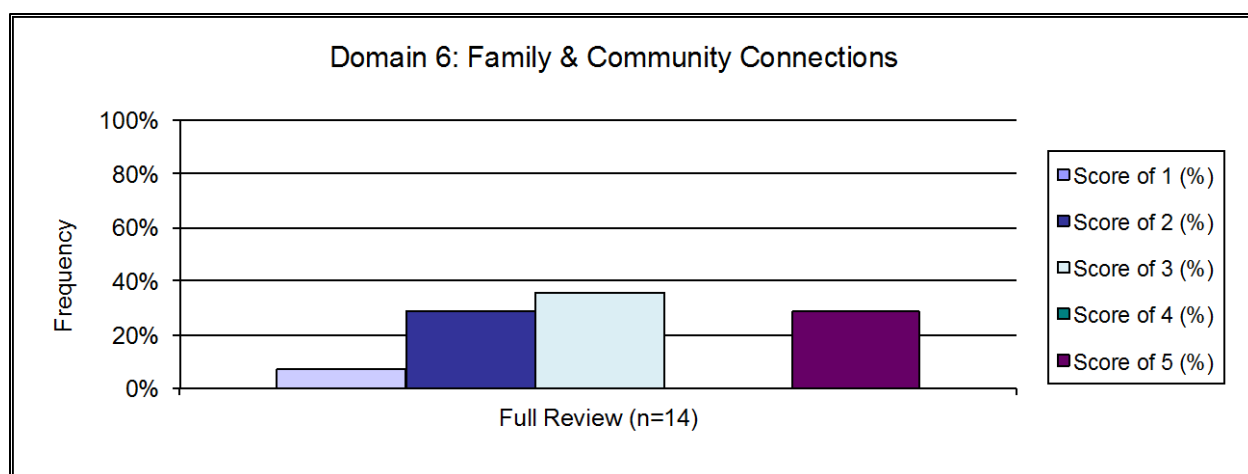


Figure 30: Frequency of STEP Scores for Domain 6 – Family & Community Connections: Full Initial Ratings Only

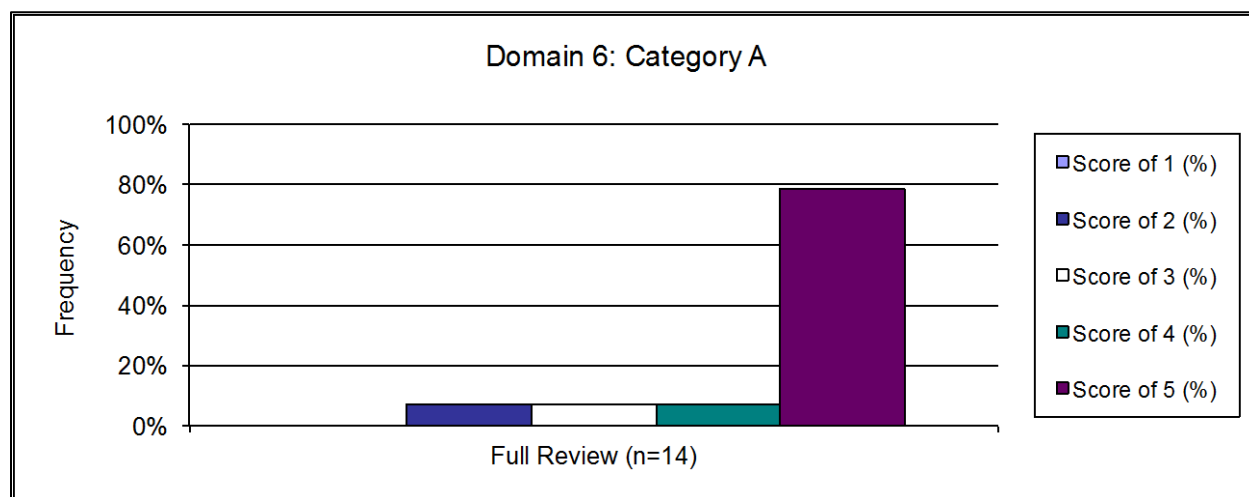
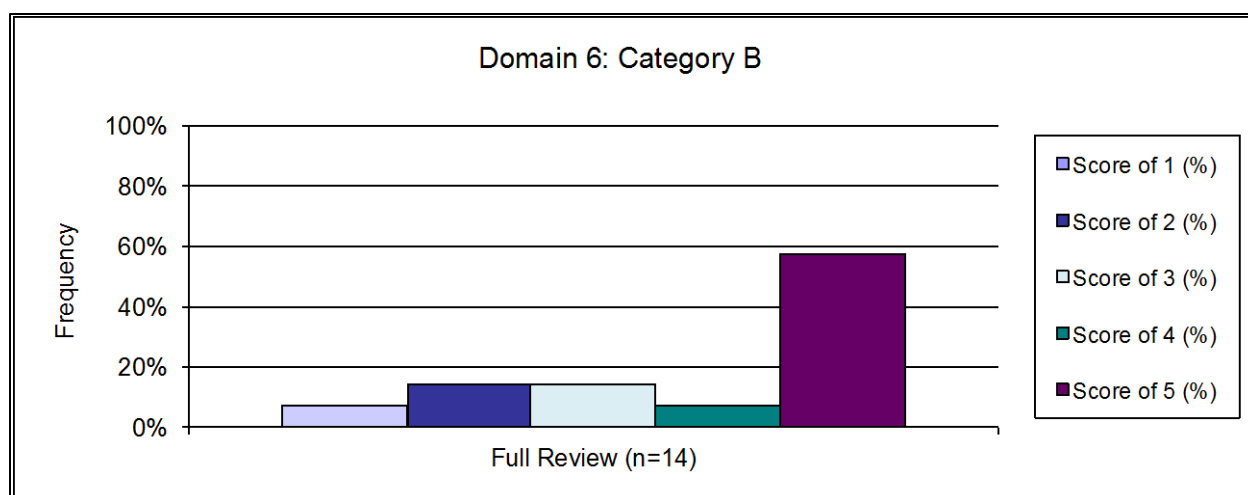
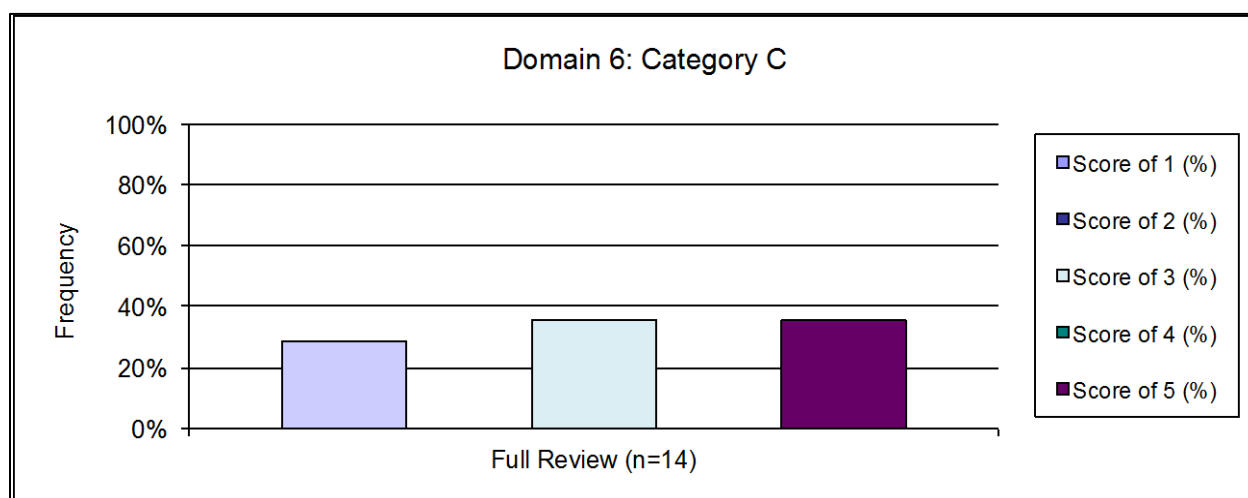


Figure 31: Frequency of STEP Scores for Domain 6 – Category A Element: Full Initial Ratings Only



**Figure 32: Frequency of STEP Scores for Domain 6 – Category B Element:
Full Initial Ratings Only**



**Figure 33: Frequency of STEP Scores for Domain 6 – Category C Element:
Full Initial Ratings Only**

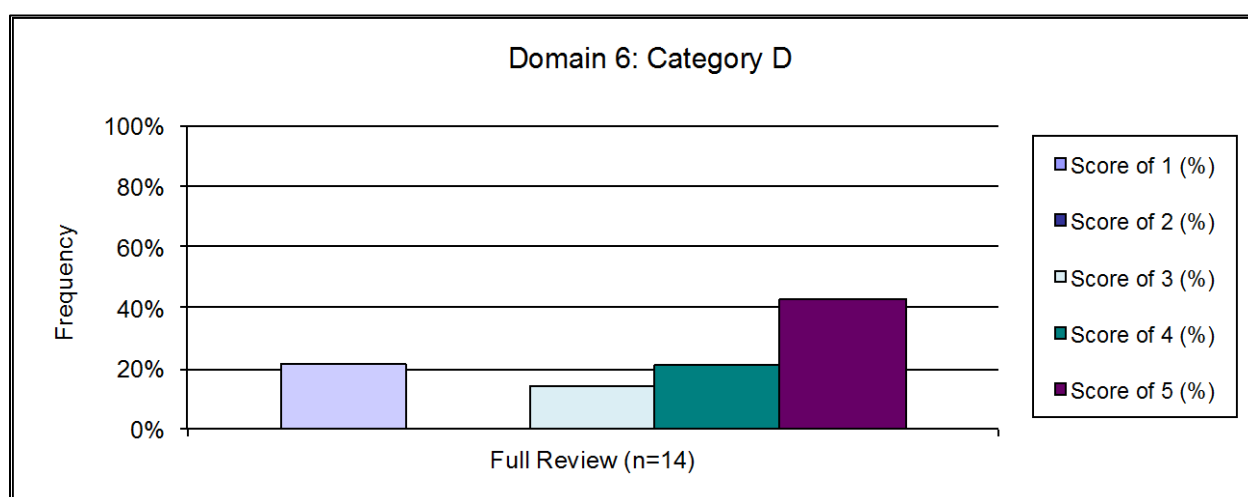


Figure 34: Frequency of STEP Scores for Domain 6 – Category D Element: Full Initial Ratings Only

Analysis of STEP's Quality Rating Improvements

Another outcome target in this year's scope of work states that 50% of STEP-rated child care programs will receive higher quality ratings. Prior to conducting this analysis, it is important to note that two significant changes were made to the measurement protocol for STEP during FY 2012-13.

- Addition of CLASS measure:* Members of the STEP Research Advisory Committee decided in Fall 2012 to incorporate the CLASS scale into STEP, using it only in center settings, while the AIS continued to be used in family child care settings. Two new elements were added to the STEP scoring protocol for the CLASS: The STEP Teacher-Child Relationships CLASS element score encompasses scores from the CLASS Emotional Support domain (Pre-K CLASS) and Emotional & Behavioral Support domain (Toddler CLASS). The STEP Learning Environment CLASS element encompasses scores from the Classroom Organization and Instructional Support domains (Pre-K CLASS) and Engaged Support for Learning Domain (Toddler CLASS). The STEP scoring of CLASS domains was organized in this manner to allow for alignment of STEP scoring across the different age versions of the CLASS measure (Toddler & Pre-K).
- Use of full ERS scales:* Prior to FY 2012-13, STEP reviews conducted by UCLA CICCQ used two research-based subscales of the ERS (Provisions for Learning subscale, and Teaching & Interactions subscale) which have been shown to be correlated with

children's outcomes.¹ Beginning in 2012-2013, the use of all ERS items, with the exception of scale 7, were implemented in STEP reviews for both centers and FCC.²

Our results show that we met this benchmark for the cohort of 8 providers that received an initial full rating during FY 2012-13 (refer to Appendix 5). Of these, four providers demonstrated an increase in domains assessed by STEP during the preliminary rating. Given that all of these providers have participated in STEP's enhanced program model, we believe this speaks to the benefits and effectiveness of the quality improvement support received by participating child care programs.

Additionally, UCLA CICCQ conducted an analysis of 10 child care programs that received a preliminary STEP review consisting of only the observational measures FCCERS and AIS in 2012, followed by a subsequent full STEP review in 2013. A comparison of the FCCERS items measured at both time points show, on average, some improvement (see figure 35).

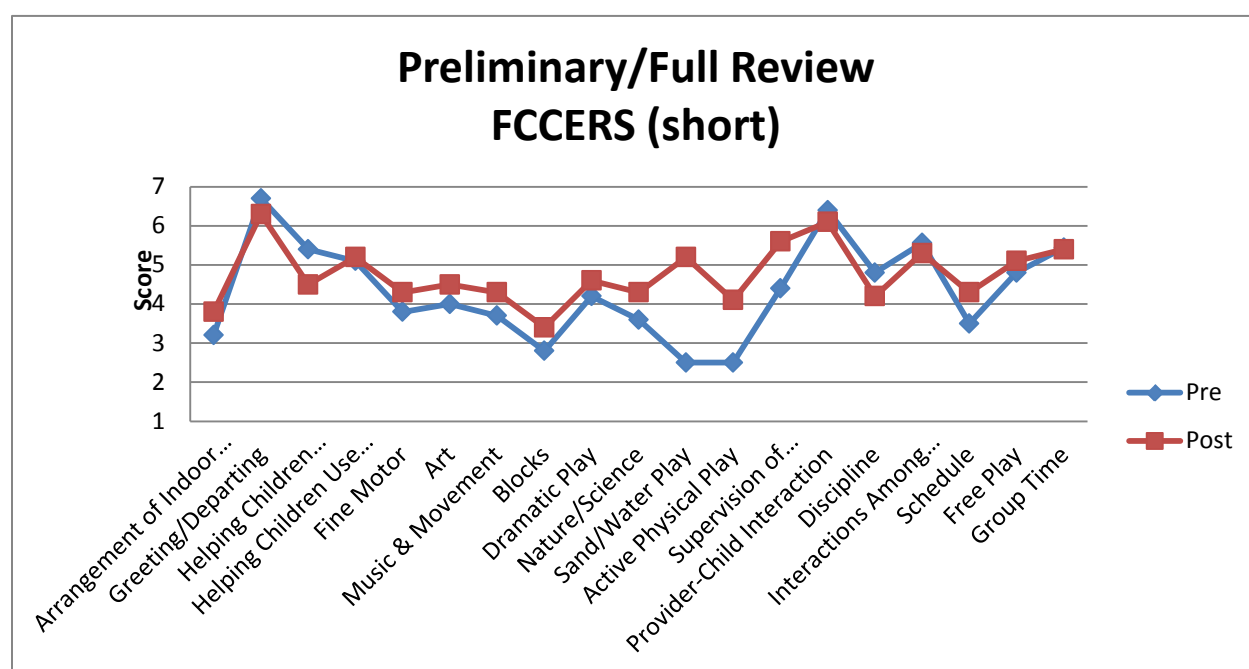


Figure 35: FCCERS Item Level Scores Aggregated Across Sites: Preliminary and Full Review Comparison

¹ Clifford, R., Barbarin, O., Chang, F., Early, D., Bryant, D., Howes, C., Burchinal, M., and Pianta, R., (2005). What is pre-kindergarten? Characteristics of public pre-kindergarten programs. *Applied Developmental Science*, 9(3), 126-143.

² ERS scale 7 includes items that are already measured as part of the STEP portfolio review, which requires programs to more thoroughly document their practices than can be assessed using the interview questions that are part of the ERS.

Half of programs show a marked increase in the STEP score for teacher-child relationships as measured by the AIS from preliminary to full review, while the subsequent half either stayed the same or decreased (see figure 36).

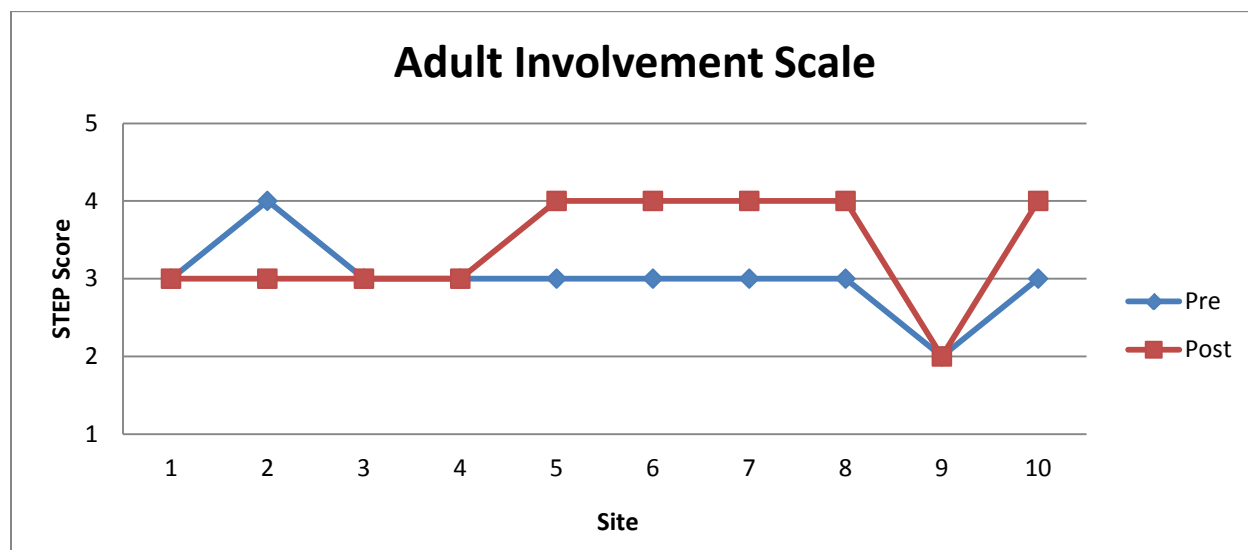


Figure 36: AIS Scores by Site: Preliminary and Full Review Comparison

When looking just at the percent of time spent in responsive interactions as measured by the AIS (interactions coded as simple, elaborated or intense which are the top 3 engagement levels in the AIS) , the majority of programs showed marked increases from preliminary to full review (see figure 37).

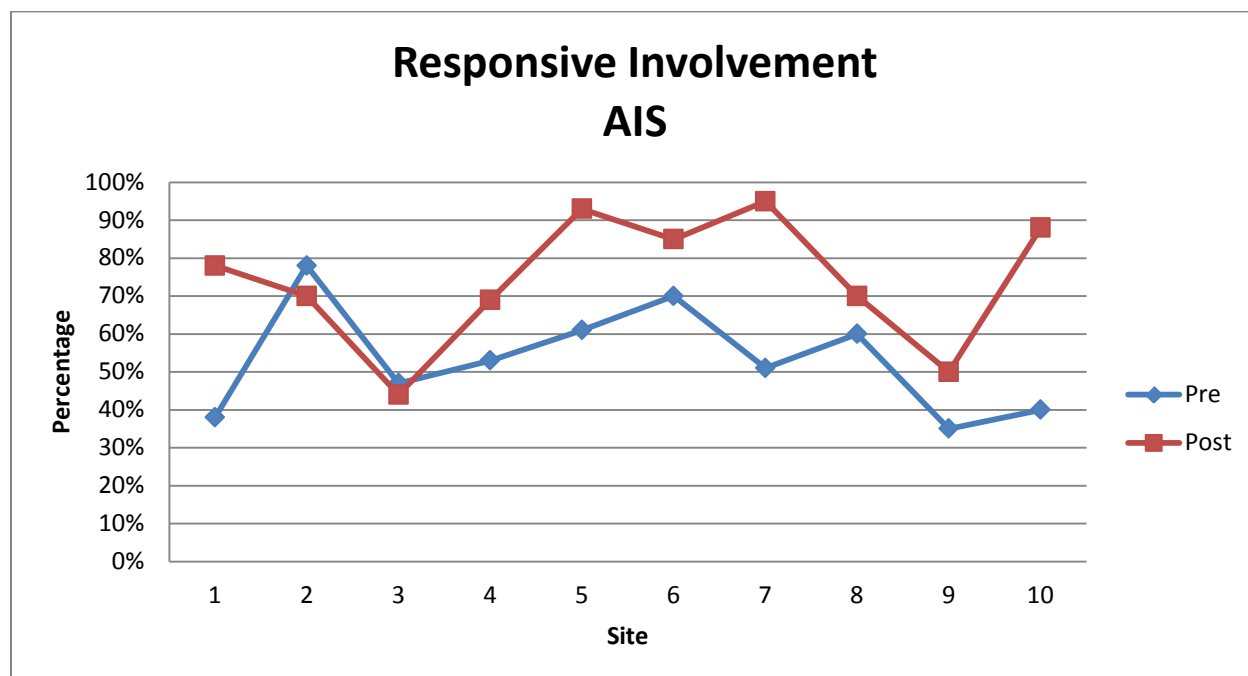


Figure 37: AIS Percent Responsive Involvement by Site: Preliminary and Full Review Comparison

Description of Child Care Programs Participating in STEP in FY 2012-13

As of June 30, 2013, there are presently 245 child care programs actively participating in the STEP QRIS network. Programs identified as being “active” are those that have either had a preliminary, initial or renewal rating as of FY 2011-12 (the year STEP resumed its operations post its pilot period), or have expressed an interest in renewing their rating since then. Of these programs, 80% (N=196) are family child care homes and 20% (N=49) are child development centers.

The following table displays the distribution of active STEP child care programs by supervisorial district.

Supervisorial District	No. of Child Care Programs Participating in STEP
1	38
2	49
3	51
4	35
5	72
Total:	245

Table 4: STEP Child Care Programs by Supervisorial District

Results of the Provider Survey

The survey received 72 responses from providers. The response rate, using a denominator of 217 program contacts, was 34%. Of the 72 responses, 27 were completed in Spanish and 45 in English.

The largest proportion of responses was from providers that enrolled in STEP after the new model was implemented, though many responses were from providers who joined during the pilot and transitional period. Among the 70 that identified the year they joined STEP, 31 (44%) joined STEP in 2013, 24 (34%) in 2012, and 15 (21%) in 2011 or earlier.

Over two-thirds (67%) of survey respondents reported having a preliminary STEP rating, and 32% had at least an initial STEP rating. The STEP ratings (and number

of respondents) were as follows: STEP 1 (2), STEP 2 (4), STEP 3 (8), STEP 4 (3), and STEP 5 (2).

Experience with STEP

Overall, respondents reported that their participation in STEP was positive: 68% of respondents reported their overall experience with STEP as “very positive”; 30% mostly positive; 2% (1 respondent) negative; and none said “very negative.” The percentage “very positive” did not vary significantly between participants who had received a preliminary rating and those who had received a full initial rating (65% and 70% “very positive” respectively), nor did it vary with the year of joining STEP.

For 59% of respondents, the first rating (preliminary or full) accurately reflected their program’s strengths and areas for improvement; 27% thought their first rating “mostly” reflected the same; 15% did not feel their first rating accurately reflected their program. Perceptions of accuracy did not vary by STEP rating or whether the program had a preliminary vs. a full rating.

Enrollment

A few respondents reported large enrollments (3 served over 300 children; 4 served between 50 and 80 children), though nearly 90% of respondents reported enrollments of 25 children or fewer, consistent with smaller centers and family child care homes, as shown in Table 5.

Most providers (55%) reported that STEP participation had not impacted enrollment, as is consistent with the fact that most providers are new to the program. However, 25% reported that STEP has helped them maintain enrollment, and 20% that STEP has helped them

Table 5: Enrollment Among Survey Respondents

Total Enrollment	Frequency	Percent
1-3	12	17.91
4-5	14	20.9
6-10	23	34.33
11-25	11	16.4
Over 25	7	10.4

increase enrollment—this was over half of the providers that joined STEP in 2011 or earlier, just under half of those joining in 2012, and one-third of providers joining in 2013.

Thirty-nine percent of programs reported currently having a waiting list, while 60% did not. Just over half (53%) of providers with initial full ratings and 35% of providers with preliminary ratings reported having children on waiting lists. Having a waiting list did not vary by year of joining STEP.

Marketing

Just 28% of providers reported using STEP participation to market their programs, though nearly one-half (48%) reported that they are planning to do so; 12% were not planning to use STEP in marketing their programs.

Connecting with Other Providers/Community Building

STEP participation positively impacts community building. Most (88%) of respondents said that STEP participation has helped them connect (or network) with other early education providers.

- 88% reported meeting with other providers.
- 83% reported learning from other providers.
- 62% observed other programs.
- 58% reported other ways STEP has helped them connect with providers. For several, these interactions led to the discovery of resources for education and training.

“[Networking with providers] helped me discover [many] classes and workshops in different subject areas that have helped me become better prepared and skilled.”

Other providers reported that networking helped them share experiences with other providers and find mentors.

Expanding on these themes, 44 respondents contributed responses to an open-ended question: *How else has STEP impacted your interactions with other providers?* Their comments reflected three major, somewhat overlapping, themes:

First, over half of providers wrote that STEP has helped them share ideas and learn from other providers. It was far more common for providers to specifically note the interactive nature of such learning exchanges—giving as well as receiving ideas, or “interchanging ideas”—as well as straight “learning” about environments, or other specific areas.

“It’s helped me share my experiences with my colleagues in all the workshops we’ve received.”

“I was able to share and exchange ideas on how to build a quality program.”

“Enjoy meeting other providers and learning from their experiences.”

Interactions have “...given me a lot of ideas as to where I can do better.”

Second, STEP participation has provided them with rich personal growth. Participants reported being more “open to new ideas and challenges” through the

process of developing relationships with other providers. Personal growth for one provider also translated to “establishing a relationship with parents” that they serve.

“It has helped me to have an open mind with learning new ways and new methods to put into practice with the kids.”

“See your strategies and activities to keep the kids happy and healthy.”

A third major theme was the value of building a community based upon shared values around quality and shared experiences with other providers.

“It has connect[ed] me with providers that are focused on improving the quality of service for the children and families that they serve.”

“It’s taught us that there are things we believed we did well, but were wrong. Partners give us suggestions about how to advance and provide / improve quality of service.”

“We have bonded in a very special way and, at the same time, we have grown and learn together. Honestly, we see and treat each other as family. Thank you.”

In addition, several mentioned that they give and receive support.

“Being able to work together and exchange new ideas and life experiences we have lived through, with one another.”

Gateways Resources

Use and Impact of Gateways

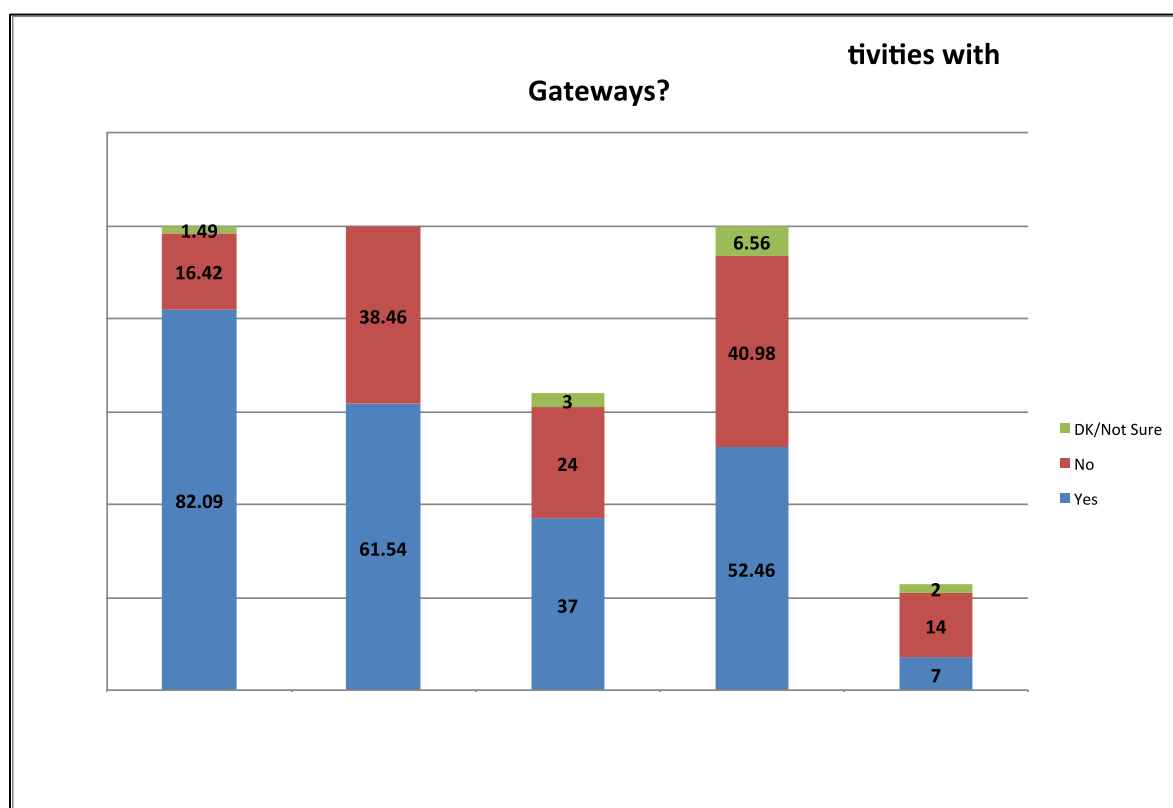


Figure 38: Use of Gateways Resources by STEP Participants

The most frequently reported experience with Gateways was attending a training or workshop (82%); 62% received coaching on the site of their program; 53% received assistance with career development; and 37% received other assistance with quality improvement. Open-text comments regarding other Gateways resources included a mention of ASPIRE (3) and other forms of continuing education (1), training (2), professional development (1), coaching (1); 3 participants said they had not yet but planned to access Gateways resources.

Experience with Gateways Resources

One-third of respondents reported that the assistance they received from Gateways had a “big impact” on the quality of their services; 30% reported “some impact,” 6% “a little impact,” and 6% “no impact.” (Table 6)

Table 6. Impact of Assistance from Gateways on Quality of Services

Response	Percent	Number
Big Impact	34.33	23

Response	Percent	Number
Some Impact	29.85	20
A little Impact	5.97	4
No Impact	5.97	4
Did not receive assistance from Gateways	23.88	16

Satisfaction with Gateways Resources

Among those who had accessed Gateways, most participants reported high levels of satisfaction; only a few reported being dissatisfied, as shown in Table 7.

Table 7. Satisfaction with Gateways Resources

Resource	Very Satisfied		Satisfied		Unsatisfied or Very Unsatisfied	
	Percent	Number	Percent	Number	Percent	Number
Training(s) or Workshop(s)	66.0	35	30.2	16	3.8	2
Coaching at the location of your program from a Gateways coach	48.9	23	42.6	20	6.4	4
Assistance with Quality Improvement	38.5	15	51.3	20	10.3	4
Assistance with Career Development	48.7	18	40.5	15	8.1	4

Value of Other Resources to Quality Improvement Progress

Respondents who accessed STEP resources expressed high levels of value for those resources overall. Workshops and trainings received high ratings—84% reported the workshops and training as “very valuable”; only 3% had not attended STEP workshops and trainings. For quality improvement grants, 72% reported as “very valuable and 19% had not yet received their grant. On-site coaching received somewhat lower assessments: 60% reported as “highly valuable,” 16% reported as “somewhat valuable,” and 11% reported as of “little or no value”; 14% had not used on-site coaching. Assistance from OCC was rated similarly: 60% rated as “very valuable,” 20% as “somewhat valuable,” 11% rated as “little to no value,” and 16% had not used assistance from OCC.

Table 8. Value of STEP Resources to Progress with Quality Improvement

Question	Frequency	
Q19_Value5A: Value of Workshops and Trainings	Percent	Number
• Very Valuable	84.38	54
• Somewhat Valuable	12.5	8
• Little/No Value	0	0
• Did not use this resource	3.13	2
Q19_Value5B: Value of the Quality Improvement Grant	Percent	Number
• Very Valuable	71.7	38
• Somewhat Valuable	7.55	4
• Little/No Value	1.89	1
• Did not use this resource	18.87	10
Q19_Value5C: Value of Coaching at the Location of Your Program	Percent	Number
• Very Valuable	59.65	34
• Somewhat Valuable	15.79	9
• Little/No Value	10.53	6
• Did not use this resource	14.04	8
Q19_Value5E: Value of Assistance from LA County Office of Child Care	Percent	Number
• Very Valuable	60.71	34
• Somewhat Valuable	19.64	11
• Little/No Value	3.57	2
• Did not use this resource	16.07	9

Helpfulness of the Assistance from the LA County Office of Child Care

The STEP staff at OCC received high marks from respondents for being helpful in the following ways:

- Answering provider's questions: 85% reported staff assistance as "very helpful."
- Being responsive to your requests: 82% reported as "very helpful."
- Helping you understand program requirements: 74% reported as "very helpful."

Ratings of helpfulness were similar among respondents with preliminary rating vs. a full initial rating.

Other responses regarding the staff assistance from STEP included the following:

"They've helped me practice activities and routines."

"I like the attitude of the staff, and they've made me feel well-assisted."

"Very professional, educated, and respectful."

"For me personally, it was of much use and support even though my infant care is no more than it was before. Now I can see a big difference and complete change."

"They're very open to any question or doubt that we may have."

"They're always available when we need them. Thank you."

"They are an AWESOME WONDERFUL team of people who really go above and beyond to help us succeed!"

"I appreciate all their help, and I love the positivity I've observed during the workshops they've offered."

"I didn't have much opportunity for them to respond to my questions the first time, but the second time, seems better and that they will help them to understand better and they've given people who can help them."

And reflected some room for improvement:

"Still not clear on the rating scale and what will support my program for the best possible rating."

Progress by STEP Quality Domain

Respondents assessed the level of priority and progress within each STEP quality domain. Self-assessed progressed was highest in the domains of Learning Environment and Teacher-Child Relationships, as consistent with the emphasis of the coaching support, followed by Family and Community Connections. Progress was lower (yet still present) in Identification and Inclusion of Children with Special Needs and in Staff Qualifications and Working Conditions.

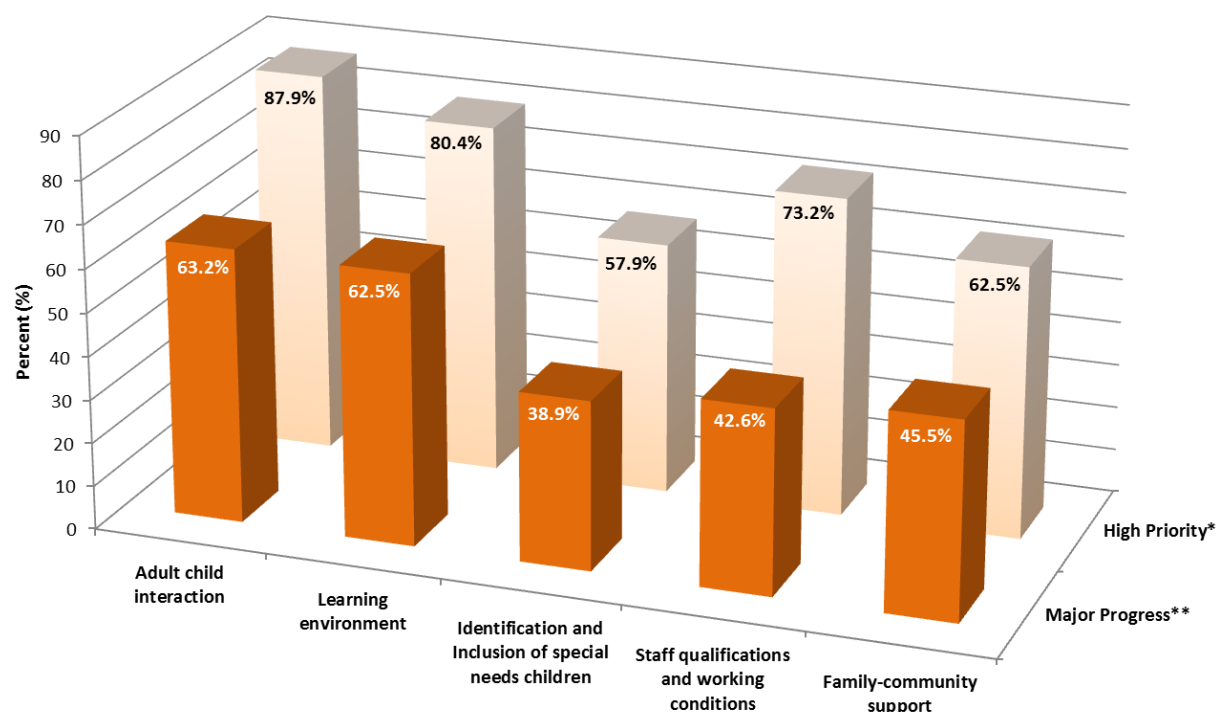


Figure 39: STEP Quality Domains Reported as Being a High Priority and Domains in Which Participants Reported High Levels of Progress

STEP Values

To further understand the alignment of the provider's experiences with STEP goals, providers were asked how strongly they agreed or disagreed with statements about their participation in the STEP program.

Statements that received the strongest endorsement were those where a large majority of respondents reported that they "strongly agree":

- Participation in STEP helped you decide which improvement goals were most important: 77% "strongly agree."
- You understand STEP Quality Standards: 63% "strongly agree."
- STEP helped you understand your program's strengths and weaknesses: 63% "strongly agree."

The following statements also received strong endorsement:

- You understand how to progress to the next STEP level: 56% "strongly agree."

- You were prepared for the observation of your program: 47% “strongly agree” and 38% “agree.”

More divided endorsement was seen with the following statement:

- Some changes are impossible due to forces beyond your program's control: 40% “strongly agree” and nearly one-third of respondents “disagree” or “strongly disagree.”

The following statement was weakly endorsed:

- Your STEP rating was what you expected to receive: only 19% “strongly agreed,” 50% “agree,” and 32% “disagree” or “strongly disagree.”

Self-reported Increases in Knowledge

Respondents assessed their increases in knowledge regarding several key topics in the STEP model. Table 9 shows the knowledge items, sorted from highest increases in self-reported knowledge increases to lowest increases.

Table 9. Increases in Reported Knowledge due to STEP Participation

STEP Model Topic	Knowledge Increases		
	Big	Some	Little or none
Building positive relationships with children	67.8	32.2	0
High-quality developmental screening tools	72.4	20.7	6.9
Quality learning environments	71.7	26.7	1.7
Professional development for yourself / employees	66.1	28.8	5.1
Listening and talking skills	63.3	30	6.7
Going back to school to get teaching permit or credentials	62.1	29.3	8.6
Preventing child abuse and neglect	60.3	29.3	10.3
Awareness of referral resources / making referrals for assessment	58.9	30.4	10.7
How to connect families with community resources (health, social services)	58.6	34.5	6.9
Program structure (schedule, free play, group time)	57.6	35.6	6.8
Encouraging families to contribute / participate in your program	57.6	32.2	10.2
Inclusion of children with special needs	52.6	36.8	10.5

Future Participation and Interest in STEP

Participants indicated strong intentions to have their program rated in the future, with 89% of providers intending to have a future rating and 11% responding “don’t know”, which consisted entirely those with preliminary and not initial full ratings. The intention to be rated ranged from 84% among providers that joined STEP in 2011 or earlier to 92% among providers that joined STEP in 2013.

Participants overwhelmingly expressed confidence that participation in STEP will help their programs improve the quality of services provided to children and families.

Eighty-four percent indicated that they were “very confident”; 11% were “mostly confident”; and 5% were “somewhat confident,” “not confident,” or answered “don’t know”.

100% of respondents would recommend the program to other providers.

Results of Interviews

As described in the Evaluation Design and Methods section, interviews were conducted with 9 providers. The main purpose of the interviews was to supplement the survey information with observations from providers; i.e., to hear from participants, in their words, about some of the main areas of progress, benefits, challenges, and other feedback for the program. In addition, the OCC wanted to represent all of the current STEP cohorts of providers and program “models.” Table 10 provides a brief description of the models along with the number of interviews from each.

Table 10. Number of Interviews and Current STEP Models

Number	Model
3	New Model A: Newly recruited programs (beginning in January 2012) that have experienced the enhanced LAUP-funded STEP model (e.g., a preliminary rating offered first) and that will receive their full initial rating by June 30, 2013.
3	Pilot Model A1: Programs that joined STEP during its pilot phase (between 2007 and 2010) and that were stuck in the STEP pipeline when our funding ended in 2010. Therefore, this cohort never had a preliminary rating completed; they only had a full initial rating (completed during FY 2011–2012).
2	Pilot Model A2: Programs that joined STEP during its pilot phase (between 2007 and 2010) that were stuck in the STEP pipeline when our funding ended in 2010. Therefore, this cohort never had a preliminary rating completed; they only had a full initial rating (completed during FY 2012–2013).
1	New Model B: Newly recruited programs (beginning in January 2012) that have experienced the enhanced LAUP-funded STEP model (e.g., a preliminary rating offered first) and will receive their full initial rating by June 30, 2014.

Positive Program Changes and Benefits from STEP Participation

The first major set of findings address the positive program changes and benefits realized from STEP participation. Most providers interviewed benefited from their STEP experience, and provided many varied examples of how participation in STEP had helped them make positive changes in your program.

The most frequently cited examples included changes to the child care environment, and in particular the quality of their “centers,” program structure, and activities (equipment and materials for children).

- All respondents reported positive changes to the *learning environment*.
- The use of *Environmental Rating Scales* (ERS) was mentioned several times as being helpful.

“My environment for my kids—the STEP program and the FCCRS [Family Child Care Environmental Rating Scale] really helped me. My Centers and the children’s routines are all better from the FCCRS.”

“I’ve seen benefits...in my infant toddler area--just rearranging the space. The children are now able to get to things a lot easier; they don’t always look to us to help them. They’re more self driven because of how the space is being defined for them.”

“There’s been so much! Safety things. Being more conscious. We wash our hands often but you have to wash hand more often. The awareness of the whole process is a lot more enlightened – because there’s changes in everything. They whole program for us had been made a lot more positive.”

“Did the program helped prioritize where to make improvements. Gave us the book FCCRS – showed us how to self-evaluate. They also did the pre-evaluation and that helped determine the areas to work on. But also when you go through yourself you come up with areas to work on.”

- Grants were extremely useful for improvements to the learning environment.

“[The grants] of course—that’s what the beginning of everything was. The money...my backyard—it’s completely different from when I started with the STEP program and with ASPIRE. One green grass and a few toys in the back; that was it. Now I have a bit – it’s like a tree house and a pyramid for the kids and more green and different toys. I’m happy about that. I did buy a lot for the inside of the house but it was mostly the back yard. We play and do stuff and activities...with the toys and...the ‘welcome home’ house. It looks different. It looks like a day care now.”

“Changes I made to the environment. [Because of the grant] we could add a lot – spent a lot of money to purchase a lot of new things. I’m always trying to improve my program – even before I signed on with STEP—but it’s really hard to make significant changes. I usually spend about \$1,000 per year improving. Tiring to make [only] that much

improvement each year – it’s slow and tedious – things get broken – so it’s awesome to make that kind of investment [the \$5000] at one time and see it all put into place.”

“The ideas that we had...[the funding...from the STEP program helped put] those ideas into reality. We wanted a sound garden and we made a sound garden music and we’ve been able to implement music and art education. A preschool in Long Beach with a lot of money has one. I said ‘we can do that, too’...it has metal pipes, pebble harp, outdoor drums, outdoor marimba. Also have portable instruments. It’s a great talking point for new families. Really great to have it here.”

- Interviewees discussed how their experience with STEP has affected their or their staff’s professional growth. This went across the spectrum from providers going back to school to obtain degrees or teaching credentials (2 interviewees) or planning to return to school for credit (2).

“I am going to keep doing this...going to [college] to register for my last three units. Before that I didn’t have an idea about [what was] an ‘associate teacher’ and a ‘child development program’ so I’ve grown a lot professionally, and I know myself. I feel like I’m really doing the right thing now. Before I worked taking care of children, and I was teaching them and I was trying to do my best, but not until you go to school and really learn the steps. And they show you the best way, and then you understand it. Nothing like going to school. And getting ready to teach kids the right way.”

- In addition, one provider said it gave her teachers the confidence to go out and conduct their own workshops:

“I think it’s pushed me more to share what I know – not just me but the staff as well. When we go into the field ECE it’s [because] we really like children and families, we’re very nurturing and we’re very nice but we frequently don’t “toot our own horn”. But participating in the STEP program, going through that application process, and saying ‘we think we’re pretty great and this is why’. So then going out and sharing our knowledge. I’m a director mentor for the California mentor program and I’ve been doing more workshops for our community, advising a Child development club here on campus, and I’ve also seen a lot of my teachers getting out of their comfort zone and doing small workshops at the local level. Because it’s pushed us to say ‘we do know something’ – we’re paying other people to go to these workshops and we could do that!”

- Others also referred to doing more program-oriented outreach in the community.

“I’ve been going out to different places and letting them know we’re here. Asking them about their services and seeing if we can partner up with anything. For next year, I’m planning to partner with the [local] Clinic...they’re going to come out with the mobile (van); and then we have a dental office here and they’re going to provide free services to children...my quality coach has given me some leads in letting me know what’s out there...so that’s been helpful.”

- Administrators as managers witnessed the benefits in motivating staff.

“It was really helpful – motivating to get the staff credentialed. I see the value as an administrator helping all the staff – different levels of training and experience – to look at what quality is by looking at the environmental rating scale, the adult interaction scale – it really helps to set a bar for the kind of quality we want in our program and then training teachers to that level and then reviewing it so I think that’s really helpful as an administrator.”

- Another manager pointed out that professional growth has a down side, and that early care and education wages aren’t keeping up with the qualifications:

“STEP has been great as far as the prof growth of my staff. They made us aware of the Aspire grant, other grants from LA County, stipends available through the county to get their permits...all my teachers have move toward getting permitted through the STEP program and luckily they are loyal to our school but it’s hard when they’re not making any money. No way the wages can keep up with their qualifications.”

- All of the providers reported benefiting from interactions with coaches and mentors. The primary examples involved the assistance with suggesting ideas and helping them prioritize improvements to the learning environment, providing guidance about continuing education, and practical advice for the assembly of the portfolio.
- Several providers mentioned the benefit of using developmental assessment tools, especially the Ages and Stages Questionnaire (ASQ):

“The ASQ was an example of a really positive change – implementing the screening with the children. Still working out the rhythm of it – we had been using the DRDP for years...inserting another tool [required figuring out] when we do it in the year, when we do the scoring, follow up with parents, make the referrals...we’re really working on getting all of that in place.”

- The interviews elicited valuable feedback about the desire to improve marketing.

“As I understood it the intent was for it to be like restaurant ratings. There would be that kind of level of awareness – you know, when you go to a restaurant you look for the rating on the restaurant. So it really needs a broad consumer education strategy around it.”

- Many providers expressed the need for more communication. Several interviewees wanted more promotional materials and were frustrated with the lack of those materials and emphasized the need to update resources on the STEP web site and update listings of STEP-rated providers. Some simply

want the STEP logo, tool, or something they can put on their brochures or on their own web sites.

“As a tool for families we have hopes for it to help educate current families – we’re still able to talk with them about what we did and what it meant and what does quality look like – but this is one of my concerns is that we haven’t received the marketing material, public relations materials that we thought we were going to get to educate new families coming in – like the new rating sign and things like that that we had hoped would be a part of it as a consumer tool so that all families would have the opportunity to be a part of this and get the information about quality.”

“When I mention [STEP], I feel like I have to go and research, break it down into language they can understand, and share it with them.”

“With the computer world I think that’s one of the ways of reaching out to providers and parents [because] we live in this computer world – that would help a lot. Commercials that I’ve seen help a lot – First 5 and different things like that. A lot I think would be on the internet – a lot of providers are connected with the internet and they would say “ah” – good something to help - some kind of tool that would help get them from point A to point B.”

“Providers want to use the Internet and social media.”

“Yes our program is on Facebook and I’ll even post articles and other things I see on other pages (e.g., NAEYC, Child Care Aware) – I’ve ‘liked’ a lot of those pages so I get those updates and blurbs. [...and should STEP consider having a Facebook page?]”

“Great idea! Maybe they [STEP] could have a STEP [Facebook] page...that’s a really good idea, because a lot of are doing that and it’s an easy way of sharing information. I just think it’s kind of quiet—there’s no buzz around it.”

- There are many potential uses and audiences for marketing materials.

[Same provider continued]...“When prospective parents we talk about it, we’ve put it in our brochure, we’re doing a newsletter piece about it, used it internally we’re trying to get it out: used in an appeal letter, and for fundraising – we’ve certainly used it in grant applications we have written as well.”

[She continued]...“We think it’s really valuable for funders – [because] when you’re asking for [\$]10,000, how do they know? Except what they can find on ‘Gold Star’ but that’s just the financials, but how do they know what quality is? They know you’re licensed. But in saying that we’ve been STEP rated we have to give an explanation about what that means so hopefully that helps spread the word.”

- Most providers observed that participation has helped them discuss quality with parents and families.

- Many providers interviewed were waiting for their actual rating to begin marketing STEP participation.

"I have not used [STEP participation to market services] because we have not been scored yet. Upon receiving my score I will definitely use on my web site and show that we've been rated and will definitely place a link to the STEP program."

"I haven't completed the program yet so I just don't want to jump ahead of that. Oh yes [I will use it for marketing]...with the economy the way it is we need every tool to market our businesses."

- At the same time, providers with low scores expressed reluctance.

"No...well, I didn't get a high score in it. Well, because of my education...I do 40 hours of training a year, but the observer that came didn't consider any of that. My relationship [with] kids is really, really good, but my portfolio was the thing that was low/poor.... I love participating in pilot programs and allowing others in my facility. I love to get feedback. If something's not going right, I will adapt to that; I'm okay with hearing that. [But] now my facility has a number, and that's what we stand for, that number. And that's not what we stand for! And I literally have families calling me all the time asking if I have space."

- Several comments referred to the importance of regular communication. They praised clear communication and assistance from the STEP staff; also remarked about long lapses in communication:

"More communication up front. Would like to have more communication about the trainings – I don't know if it's just because it's at the end and they're not giving any more trainings – but having more information about what trainings are being offered or if there's anything else going on – that type of communication."

Conclusions and Recommendations

Conclusions from Evaluation Results

The evaluation revealed multiple strengths, including positive experiences for providers participating in STEP, beneficial training and coaching support from Gateways, valuable support from program staff, and positive progress toward quality improvements for a majority of child care providers.

The evaluation also revealed areas in need of attention, including the development of marketing strategies and materials to promote STEP and quality-rated providers. The findings also suggest an opportunity to explore a constellation of concerns that surfaced among a few that were associated with low ratings, including negative feelings about the fairness, completeness, or expectations around the rating process, as such concerns may impact retention or the provider's ability to promote their program.

Most child care providers reported positive experiences: 68% of respondents to the survey reported that their overall experience with STEP was "very positive" and 30% was "mostly positive" and similar regardless of year of joining STEP or rating. In addition, large percentages of respondents reported being prepared for the observation of their program and satisfied with the coaching support and training opportunities available through Gateways and the providers perceive the resources offered through STEP to be valuable. All respondents said that they would recommend participation to other child care providers. Findings from interviews support this observation: providers expressed varied and compelling examples of benefits they had directly experienced.

The Gateways' resources appear well received, with 34% of respondents reporting that resources accessed through Gateways had a "big impact" on their programs and 30% reporting "some impact"; 24% had not yet accessed Gateways resources. Overall satisfaction with Gateways and STEP resources was high, as were ratings for the value of these resources for making program improvements.

Providers gave multiple and varied examples of the benefits of STEP participation. Perhaps one of the strongest findings was that STEP participation builds community: Providers reported interacting with other providers, and they described the learning, support, and community benefit from doing so. Eighty-eight percent met with other providers, 83% learned from other providers, and 62% observed other programs. Forty-four providers completed an open-ended response relating how STEP had impacted their interactions with other child care providers, citing "learning exchanges," sharing ideas, giving and receiving support, learning about resources for education and training, and building community to such an extent that they viewed their network like a "family,"

Many providers expressed a high value for networking and interactive learning. Nearly 90% report networking and building relationships, and learning from other child care providers. The interaction apparently was a strong benefit of the program and source of personal growth and support.

Providers had high levels of self-reported progress in most STEP domains. Learning Environment and Adult Child Interactions, followed by Family and Community Relationships, appeared to be areas of greatest progress. This was consistent with the majority of participants reporting that STEP helped them prioritize improvement goals and understand quality standards as well as their perceived increases in knowledge. Providers interviewed cited multiple and varied examples of the program improvements made, especially in the areas of the learning environment, use of developmental screening tools, and community and family relationships.

Professional growth was positively impacted by STEP participation for program leaders and staff, providing a means for invigorating programs; managers reported that STEP helped them set a higher bar for quality practices and measure performance against those standards. Providers reported going back to school for credit and attending trainings as well as leading workshops in the community.

One concern is that two-thirds of the survey participants had received their preliminary rating only. While most (59%) of them reported feeling that their rating accurately represented their program's overall strengths and weaknesses, 27% thought their first rating "mostly" represented the same, with a small fraction (15%) feeling that the rating did not accurately reflect their program. There was some concern expressed in one interview that their rating was lower than expected; more often, interviewees indicated that they were either not credited appropriately in the observation or that they could never achieve the educational attainment required to do well. Such negative stories may be a small proportion; however, they are a concern going into the second year of the new program model as STEP identifies ways to troubleshoot potential retention issues.

Marketing practices drew many comments that suggest an area for improvement. Few providers have used their STEP participation to market their programs, although many plan to do. Many are looking for materials to share with parents, Internet-based tools and links to include on their web sites, and other information. Several suggested using the Internet, social marketing, and networking tools to accelerate communication not only among providers but also with the public. Providers want people to know what STEP participation means.

Providers are finding creative ways to communicate with parents and the broader community, and they offered several good suggestions in addition to using the internet and tools such as Facebook. Many said they are out in the community more

as a result of their participation in STEP, talking with clinics and other community organizations to “let them know we’re here,” and finding ways to collaborate.

A few respondents related somewhat negative experiences with the rating process; for example, the rater disregarded something the provider posted electronically but that was not in the “book.” Another thought her rater was dismissive of the provider’s educational pursuits, which she believed were meaningful but were not formal or for credit. A small proportion of respondents considered their ratings to be inaccurate; however these observations merit attention.

Recommendations

- Explore low-cost marketing strategies, including social media and improved presence on the Internet. For example, establish a Facebook page, update the STEP web site, and identify quality-rated providers. These strategies are relatively low cost and may have valuable potential benefits.
- Consider producing a poster, logo, and other materials that can be displayed at program sites and web pages. Providers expressed strong support for quality rating, associating it with what’s best for children as well as with being accredited. Most want to use that distinction and the accomplishment of program completion to support their businesses.
- Ensure that providers have access to materials that suggest parent-friendly explanations of the STEP ratings and their relationship to quality in child care. While providers seem confident in their ability to explain what quality means (to parents or throughout the community), the interviews noted the potential value of producing such information to broaden awareness of quality rating and why it is important.
- Explore a strategy for branding “quality-rated” programs, something along the lines of “Zagat rated” so as to not make the actual score as prominent, yet retain the integrity of the step-by-step progression. While most participants welcome the public information, there are some who will not want their actual rating highlighted, but rather their participation. This may have the added benefit of improved program retention.
- Collect timely feedback about rating experience and receipt of results. Such feedback would likely be more accurate than waiting for an annual evaluation of the process, and provide a timelier basis for any corrective actions, as deemed necessary.
- Facilitate community building and interaction between providers via social media.

Future Plans

Evaluation Activities

As STEP's evaluation moves forward into FY 2013-2014, the program is looking forward to including more data in the evaluation to address additional outcomes and performance milestones.

First, the OCC plans to assess and report changes in STEP ratings—both from the preliminary ratings and the initial full ratings—and to follow up on full ratings. In addition, the OCC is collaborating with CCRC to develop quantitative measures and associated Gateways database modifications. The OCC plans these changes to enable STEP to access valuable data. In addition, the OCC team, in consultation with UCLA, will design an approach to track and report data related to the intensity of the exposure to the training, coaching, and other parts of the STEP intervention to see whether those measures of exposure to the intervention are related to subsequent changes in ratings.

In addition, STEP staff will follow up with providers as they progress through the program to track measures to assess potential motivations for continuing with the program and to enable reporting on outcomes related to increases in provider participation over time.

STEP staff will include questions on future surveys and interviews to assess whether child enrollment in STEP-rated sites is increasing over time, provided that those data are reliably self-reported.

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Appendix 1. STEP Evaluation: Short- and Long-term Outcomes and Evaluation Questions

Note: Outcomes 1, 2, and 3 are short term; Outcomes 4, 5, and 6 are long term (see Figure 1).

Outcomes	Evaluation Questions
Outcome 1: Child care providers increase their knowledge of quality standards and developmentally appropriate practices	1A. How do STEP trainings, technical assistance offerings, and grant resources impact provider knowledge and practice?
Outcome 1	1B. Do providers perceive their STEP ratings as an accurate, valuable assessment of program strengths and areas for improvement?
Outcome 2: Child care providers implement quality improvements	2A. What priorities are identified by providers in their quality-improvement plans and grants with respect to the five STEP domains (teacher/child interactions; learning environment; identification and inclusion of children with special needs; staff qualifications/working conditions; family/community engagement).
Outcome 3: (Omitted from Evaluation Plan) Outcome 4: Child care providers offer high-quality early care and education.	4A. Does the average level of quality offered by child care providers change over time, and do changes vary by STEP domain? 4B. Are quality improvement priorities (as defined in provider Quality Improvement Plans) related to subsequent changes in quality ratings by domain?
Outcome 5: Child care providers develop a culture of continuous quality improvement	5A. What motivates providers to participate in STEP and recommend STEP to others?
Outcome 5	5B. Is the level of provider interest in initial and ongoing participation in STEP increasing?
Outcome 6: Parents select and demand high quality early care and education	6A. Does Enrollment in STEP rated sites increase over time?

Appendix 2. STEP Data Collection Methods

Data Source, Responsibility, and Schedule	Key Data Elements	Connection to outcome
1) Administrative Database: Collected and analyzed by the OCC. Reported annually June 2012–June 2015	STEP Program Participants Community, type of business, participation in subsidy programs, demographics of child care workers, and licensed capacity.	Descriptive data for Program Performance Measures Outcome 6
2) Administrative Database: Collected and analyzed by the OCC. Reported annually June 2012–June 2015	Quality Improvement Plans and Grants: Quality domain focus of quality improvement plans and grants.	Outcome 2, 4
3) STEP-ratings database: Collected and analyzed by UCLA. Analyzed and reported annually June 2013– June 2015	<u>Preliminary Rating:</u> Scores for two domains (teacher-child relationships and learning environment). <u>Initial Rating:</u> Comprehensive STEP rating—scores for each of the five domains and overall score. <u>Recertification Rating:</u> Comprehensive STEP rating—scores for each of the five domains and overall score.	Outcome 4
4a) Provider Survey: Collected and analyzed by Wold and Associates (evaluation consultant). Reported annually June 2013–June 2015	Provider-reported perceptions of participation in STEP, ratings, trainings, coaching, technical assistance, and grants for improving knowledge and practices. Influence of STEP participation on networking with other child care providers, marketing and enrollment.	Outcome #1
4b) Provider Survey: Collected and analyzed by Wold and Associates (evaluation consultant).	<u>Future Survey:</u> Provider-reported motivations (e.g., perceived benefits) for maintaining program participation and level of interest in recertification.	Outcome 5

Data Source, Responsibility, and Schedule	Key Data Elements	Connection to outcome
5) Provider Interviews: Conducted and analyzed by Wold and Associates (evaluation consultant).	Qualitative, narrative data describing how STEP participation impacts providers and programs. The interviews provide valuable insights about each provider's unique experiences and the influence of STEP. Data are also of potential value for marketing STEP QRIS participation to child care providers.	Outcome 5
6) Technical Assistance, Coaching and Training: Merge data collected by Gateways agencies and Office of Child Care. Analyzed by Child Care Resource Center with Wold and Associates. Reported annually June 2014–June 2015.	Exposure to coaching and participation in training, coaching, and other forms of technical assistance and its relationship to preliminary and subsequent STEP ratings.	Outcome 1

Appendix 3. Provider Survey Instrument

STEP - Participant Survey - June 2013

1. STEP Ratings and Priorities

Thank you for providing feedback about your experience to date with the Steps to Excellence Program (STEP). Participation is completely voluntary and will NOT affect future STEP ratings or funding for your program. Your responses will be kept confidential. Results from the survey will be grouped for presentation and your program will not be identified.

1. When did your program submit an application to join STEP?

- ☐ During or prior to 2010
- ☐ During 2011
- ☐ During 2012
- ☐ During 2013

Comments (optional):

2. When did your program receive its first full STEP rating?

- ☐ During or prior to 2010
- ☐ During 2011
- ☐ During 2012
- ☐ During 2013
- ☐ Have only had a preliminary rating

Comments (optional):

3. What was your program's first full STEP rating?

- ☐ STEP 1
- ☐ STEP 2
- ☐ STEP 3
- ☐ STEP 4
- ☐ STEP 5
- ☐ Have only had a preliminary rating

4. Overall, did your program's first STEP rating reflect your program's strengths and areas for improvement?

- ☐ Yes
- ☐ Mostly
- ☐ No

STEP - Participant Survey - June 2013

5. What was your program's second STEP rating? (Skip to question 7 if your program was not rated a second time.)

- ☐ STEP 1
- ☐ STEP 2
- ☐ STEP 3
- ☐ STEP 4
- ☐ STEP 5

6. Overall, did follow-up ratings reflect your program's improvements or progress?

- ☐ Yes
- ☐ No
- ☐ My program did not have a follow-up rating

7. For each domain below, please rate the level of importance (or priority) for your program.

	High	Medium	Low
Adult-Child interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identification and inclusion of children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff qualifications / working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How much progress has your program made with quality improvement in each of the domains below?

	Major progress	Some progress	Little/no progress	Not a priority
Adult-Child interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identification and inclusion of children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff qualifications / working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Value of STEP Resources

9. Has joining STEP helped you connect (or network) with other early education providers?

- ☐ Yes
- ☐ No

STEP - Participant Survey - June 2013

10. Has joining STEP helped you connect with other early education providers in any of the following ways?

	Yes	No
Meeting with other providers	<input type="radio"/>	<input type="radio"/>
Learning from other providers	<input type="radio"/>	<input type="radio"/>
Observing other programs	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

11. How else has STEP impacted your interactions with other providers?

12. Have you used your participation in STEP to market your program/services?

- ☐ Yes
- ☐ No, but plan to
- ☐ No

13. Approximately how many children (age 5 and younger) are currently enrolled in your program?

14. Does your program have a waiting list?

- ☐ Yes
- ☐ No
- ☐ Don't know

15. How has STEP participation impacted enrollment? Select the answer that best fits.

- ☐ STEP has helped me increase enrollment
- ☐ STEP has helped me maintain enrollment
- ☐ STEP has not influenced enrollment for my program

3. Experience with Gateways

The following questions explore the support you may have received through your local Resource and Referral agency (also known as "Gateways").

STEP - Participant Survey - June 2013**16. Did you participate in any of the following activities with Gateways?**

	Yes	No	Not sure
Training or workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching at the location of your program from a Gateways coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other assistance with quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other assistance with career development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

17. Overall, how much impact did the assistance from Gateways make on the quality of your services?

- ☐ Big impact
☐ Some impact
☐ A little impact
☐ No impact
☐ Did not receive assistance from Gateways

18. How satisfied were you with the following types of assistance from Gateways?

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
Training or workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching at the location of your program from a Gateways coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other assistance with quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other assistance with career development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

19. How valuable were each of the following resources to quality improvement progress you have made?

	Very valuable	Somewhat valuable	Little/no value	Did not use this resource
Attending trainings or workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality improvement grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching at the location of your program from a Gateways coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other assistance from Gateways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance from LA County Office of Child Care staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Experience with STEP

STEP - Participant Survey - June 2013

20. Which answer best describes your overall experience with the STEP process?

- ☐ Very positive
☐ Positive
☐ Negative
☐ Very negative

21. Please tell us how strongly you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
You understand STEP quality standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in STEP helped you decide which improvement goals were most important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were prepared for the observation of your program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your STEP rating was what you expected to receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STEP helped you understand your program's strengths and weaknesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You understand how to progress to the next STEP level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some changes are impossible due to forces beyond your program's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please tell us how much STEP participation helped increase your program's knowledge in the following areas:

	Big increase in knowledge	Some increase in knowledge	Little or no increase in knowledge
Building positive relationships with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening and talking skills (for adults and children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-quality developmental screening tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality learning environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program structure (schedule, free play, group time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion of children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going back to school to get your teaching permit or credentials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development for yourself / employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of referral resources / making referrals for further assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging families to contribute or participate in your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to connect families with community resources (health, social services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP - Participant Survey - June 2013

23. In your opinion, how helpful was the following support from STEP program staff (from LA County Office of Child Care)?

	Very helpful	Helpful	Unhelpful	Very unhelpful
Answering your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping you understand program requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being responsive to your requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

5. Plans for the Future

24. Are you intending to have your program rated again in the future?

- ☐ Yes
- ☐ No
- ☐ Don't know

25. How confident are you that participation in STEP will help your program improve the overall quality of services provided to children and families?

- ☐ Very confident
- ☐ Mostly confident
- ☐ Somewhat confident
- ☐ Not confident
- ☐ don't know

26. Would you recommend the STEP program to other early childhood providers?

- ☐ Yes
- ☐ No
- ☐ Not sure

Other (please specify)

STEP - Participant Survey - June 2013

***27. For administrative purposes, please provide your name and the full name and zip code of your program, center, or business below.**

REMINDER: YOUR ANSWERS ARE CONFIDENTIAL. Your name will NOT be shared.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Licensed Program Name:	<input type="text"/>
Zip Code:	<input type="text"/>

Appendix 4. Provider Interview Guide

STEP Provider Interview Guide

Cheryl Wold, MPH

Wold and Associates

Thank you so much for speaking with me today. I know how busy you are and appreciate your time, and will try to keep this brief. The purpose of this interview is to complement our evaluation findings with stories from providers. We want to hear—in your words—about your experience with the STEP program so far. You will not be identified in any of the quotes used in the report—your comments will remain anonymous. If a case arises where we want to attribute a quote we will first ask your permission.

Note: The following questions will serve as general prompts; discussion will follow the interests and lead of the interviewees:

Has participation in STEP helped you make some positive changes in your program? What are some examples?

Can you tell me about some of the biggest benefits you have realized from participation in STEP so far?

What has STEP participation meant to you? How has your experience affected your professional growth? How has STEP influenced your career plans? Where do you see yourself in the future?

Have you used STEP participation to market your services? What would be helpful to assist with your marketing? Has participation influenced enrollment?

What kinds of questions do parents ask about quality? Has STEP participation prepared you to have conversations with parents about what “quality” means?

Where do parents in your community obtain information about the quality of child care services? What strategies do you think would help reach parents in your area? What approaches do you think would be effective?

Appendix 5. Changes in Preliminary vs. Initial Full STEP Ratings

Changes in Preliminary vs. Initial STEP Ratings FY 2012-13			
STEP ID No.:	373		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	4	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	3	4	1
Domain 3: Learning Environments	3	4	1
Domain 4: Identification/Inclusion	N/A	4	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	5	N/A
Domain 6: Family/Community Connections	N/A	5	N/A
Rating site visit date:	4/23/2012	6/13/2013	1.2 years
STEP ID No.:	414		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	2	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	2	2	0
Domain 3: Learning Environments	1	2	1
Domain 4: Identification/Inclusion	N/A	3	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	1	N/A
Domain 6: Family/Community Connections	N/A	3	N/A
Rating site visit date:	5/15/2012	6/14/2013	1.1 years
STEP ID No.:	417		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	3	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	3	4	1
Domain 3: Learning Environments	3	3	0
Domain 4: Identification/Inclusion	N/A	2	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	3	N/A
Domain 6: Family/Community Connections	N/A	2	N/A
Rating site visit date:	5/25/2013	6/10/2013	1 year
Page 1 of 3			

STEP ID No.:	471		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	1	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	3	3	0
Domain 3: Learning Environments	2	1	-1
Domain 4: Identification/Inclusion	N/A	2	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	No score	N/A
Domain 6: Family/Community Connections	N/A	No score	N/A
Rating site visit date:	5/11/2012	6/13/2013	1 year
STEP ID No.:	483		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	3	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	3	4	1
Domain 3: Learning Environments	4	3	-1
Domain 4: Identification/Inclusion	N/A	4	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	3	N/A
Domain 6: Family/Community Connections	N/A	2	N/A
Rating site visit date:	6/6/2012	6/17/2013	1 year
STEP ID No.:	488		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	1	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	4	4	0
Domain 3: Learning Environments	4	2	-2
Domain 4: Identification/Inclusion	N/A	1	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	1	N/A
Domain 6: Family/Community Connections	N/A	No score	N/A
Rating site visit date:	5/11/2013	6/18/2013	1.1 years
			Page 2 of 3

STEP ID No.:	489		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	1	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	4	3	-1
Domain 3: Learning Environments	4	2	-2
Domain 4: Identification/Inclusion	N/A	4	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	No score	N/A
Domain 6: Family/Community Connections	N/A	2	N/A
Rating site visit date:	6/4/2012	6/17/2013	1 year
STEP ID No.:	492		
	Preliminary Rating results	Initial Rating results	Difference b/w Preliminary & Initial
Overall STEP rating	N/A	2	N/A
Domain 1: Regulatory Compliance	Pass	Pass	
Domain 2: Teacher/Child Relationships	4	3	-1
Domain 3: Learning Environments	4	2	-2
Domain 4: Identification/Inclusion	N/A	4	N/A
Domain 5: Staff Qualifications/Working Conditions	N/A	1	N/A
Domain 6: Family/Community Connections	N/A	2	N/A
Rating site visit date:	6/5/2012	6/18/2013	1 year
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